

WINTER YOUTH PRACTICES AT THE SOCCER ACADEMY

327 Arcado Road Lilburn Ga.

AGES 3-14

PRACTICES: **Ages 8-14** can practice Wednesday 5:30-6:30 beginning January 4,11,18, 25;

FEE: \$32 for all 4 practices

PRACTICES: **Ages 3-7** can practice Monday 5:30-6:30; January 9, 16, 23, 30

REGISTRATION DEADLINE: December 22. All players must be pre paid and registered.

..... **REGISTRATION FORM**.....

Player's Name _____ Parent's Name _____

Age _____ Male _____ Female _____ D.O.B. _____

Address _____

City _____ Zip _____

Email address _____

Home Phone _____ Business Phone _____

RELEASE AND ACKNOWLEDGEMENT

I, THE PARENT (OR GUARDIAN) OF THE NAMED CANDIDATE FOR A POSITION ON A TEAM, HEREBY GIVE MY APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES; AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SOCCER ACADEMY, OR ORGANIZERS, SPONSORS, PARTICIPANTS AND PARENTS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT WHILE PLAYING SOCCER AT THE SOCCER ACADEMY MY CHILD IS NOT COVERED BY ANY INSURANCE AND THAT OUR FAMILY'S PERSONAL OR WORK INSURANCE WILL COVER ANY ACCIDENTS OR INJURIES.

SIGNATURE _____

DATE

.....
(PARENT OR GUARDIAN'S SIGNATURE)

Mail or bring registration form and payment to:

The Soccer Academy

P.O. Box 1457

Lilburn, GA 30048

(770) 925-4404

www.soccertsa.com

OFFICE USE ONLY

Amount Paid _____

Date _____

