



SoccerBest4U Academy

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www.soccerbest4u.com

REGISTRATION FORM

Child Name: _____ Boy ___ Girl ___ Age ___
Address: _____ Zip Code: _____
Phone #: _____ Cell #: _____ Date of Birth: ___/___/___ Soccer
Experience (Teams)/ (Camps) _____

Parent/Guardian _____ E-Mail Address: _____

Alternate Contact Person in case of emergency: _____ Phone: _____

MEDICAL INFORMATION OF PLAYER/PARTICIPANT

Allergies: _____

Medication being taken or other pertinent medical information: _____

Family Doctor's Name & Phone #: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for SB4U and its affiliated groups the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or indemnify SB4U, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or behalf of the registrant's participation in the Programs. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant the Clinic Director permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent or Guardian: _____ Date: _____

PHOTO CONSENT RELEASE

I, _____

Hereby consent for my child's photograph/image to be used for the official www.soccerbest4u.com website and club communications and for use in conjunction with club presentations. I understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.

Organization Name: **SoccerBest4U Inc**

Parent Name: _____

Player Name: _____

Date: _____