

Southridge Invitational

2009 Player Registration Form

Player: _____

Birthday: _____ School: _____

Grade 2008/2009: _____ Age: _____

Parents: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

MEDICAL CONSENT & RELEASE OF LIABILITY

4. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in case of an emergency.

5. I agree that neither I nor my child will bring any claims of any kind against Hawks Soccer Academy or its agents, staff, sponsors as a result of any injuries, expenses or damages that I or my child may suffer in connection with my child's participation in the soccer camp and league, whether such claims are known or unknown or arise in the future.

6. I understand that no one is authorized by Hawks Soccer Academy to alter, modify or waive any of the terms on this agreement in any way.

4. Permission is hereby granted to Hawks Soccer Academy and its agents, to use pictures and any video footage of the campers in any promotional materials.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Please return to team coach

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