



NEVADA ELITE FC

Summer Goalkeeping Academy Registration Form

Player's Name: _____ Male Female Age: _____ DOB: _____

Grade in School in Fall 2009: _____ School in Fall 2009: _____

Home Address, City, State, Zip: _____

Player's Home Telephone: _____

Player's GK Jersey Size: Youth Medium Youth Large Youth X-Large
 Adult Small Adult Medium Adult Large

Parent/Guardian Information

Player resides with: Mother Father Both Other: _____

Mother/Guardian

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____@_____

Father/Guardian

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____@_____

Emergency Contact Information (other than parent/legal guardian):

Name _____ Phone: _____ Relationship: _____

Permission to Participate and Waiver

I give my child permission to participate in the **Nevada Elite Football Club** Summer Goalkeeping Academy. I authorize **Nevada Elite Football Club**, its directors, officers, coaches and agents to use any and all photographic/video recordings that have been taken of my child for all Summer Goalkeeping Academy-related purposes, including without limitation, **Nevada Elite Football Club** advertising and web site content. I understand that no compensation will be received in exchange for use of such images.

I assume all risk and hazards incidental to participation of my child in Summer Goalkeeping Academy activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless **Nevada Elite Football Club**, its directors, officers, coaches, officials and volunteers from and against any claim by or on behalf of my child as a result of his or her participation in Summer Goalkeeping Academy activities. In the event that my child is injured during a Summer Goalkeeping Academy activity, I give my permission to **Nevada Elite Football Club** coaches and team officials to obtain necessary emergency medical care to preserve the life, limb or well being of my child, and agree to be responsible for all costs and expenses of such medical care.

I represent that the above information is true and correct to the best of my knowledge, and agree to the terms of the **Permission of Participate and Waiver**.

Parent Signature: _____

Date: _____