



# NEVADA ELITE FC



## Girls' Competitive Soccer Club

# Nevada Elite Summer Excel Program 2011 Registration Form

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade in School in Fall 2011: \_\_\_\_\_ Current Team: \_\_\_\_\_

Player's Home Telephone: \_\_\_\_\_

### Parent/Guardian Information

Player resides with:  Mother  Father  Both  Other: \_\_\_\_\_

#### Mother/Guardian

#### Father/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

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

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please register online at [www.nevadaelite.com](http://www.nevadaelite.com), click the "Registration" tab and go into Gotsoccer to complete the online registration portion. The cost to participate is \$18 per player. You may pay by credit card or electronic check.

### \*\*\*\*\* Permission to Participate/Waiver \*\*\*\*\*

I give my child permission to participate in the **Nevada Elite Summer Excel Program**. I assume all risk and hazards incidental to participation in the program, and hereby waive, release, absolve, indemnify and agree to hold harmless GBYSL, NYSA, USYSA, and **Nevada Elite FC** directors, officers, coaches and team officials, as well as Washoe County/City of Reno/City of Sparks (field owner), from and against any claim by or on behalf of my child as a result of her participation in the program. In the event that my child is injured during the program, I give my permission to **Nevada Elite FC** coaches and officials to obtain necessary emergency medical care to preserve life, limb or well being of my child, and agree to be responsible for all costs and expenses associated with such medical care. The emergency contact listed above will be contacted in such event.

I have read the Permission to Participate/Waiver, and fully understand its contents. I represent that the information provided above is true and correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Nevada Elite FC  
(775) 544-7163  
[www.nevadaelitefc.com](http://www.nevadaelitefc.com)