



# NEVADA ELITE FC

## Summer Football Academy Registration Form

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

Grade in School in Fall 2009: \_\_\_\_\_ School in Fall 2009: \_\_\_\_\_

Home Address, City, State, Zip: \_\_\_\_\_

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

Player's T-Shirt 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

#### 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: \_\_\_\_\_

### Permission to Participate and Waiver

I give my daughter permission to participate in the **Nevada Elite Football Club** Summer Football 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 daughter for all Summer Football 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 daughter in Summer Football 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 daughter as a result of her participation in Summer Football Academy activities. In the event that my daughter is injured during a Summer Football 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 daughter, 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: \_\_\_\_\_