



P.O. BOX 950295. Lake Mary, FL 32795. Phone Number: (407)953-5455

E-mail: soccernextgen@gmail.com. Website: www.soccernextgen.org

REGISTRATION FORM

Player's Name: _____

Player's DOB: _____ Email Address: _____

Address: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone(s): _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Physician's name: _____ Phone: _____

Physician's Address: _____

Medical Insurance Co: _____ Policy #: _____

Other important information: _____





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PARENT'S APPROVAL AND MEDICAL RELEASE

I hereby voluntarily permit my child to participate in the NextGen Orlando Soccer Academy Camp that runs 3-21-16 thru 3-25-16. I understand and fully accept that soccer is a contact sport and that there are risks involved in sports, and that accidents and injuries are common are ordinary occurrences of sports. I hereby agree to accept any and all risks and verify this statement by placing my signature below.

My child has received a physical examination by a physician and has been found physically capable of participating in this program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature

Date