

Catholic Youth Futsal/South Coast Futsal Academy-
 COMPLETE THIS FORM AND RETURN TO SCHOOL PRINCIPAL/COORDINATOR

ACADEMY PLAYER REGISTRATION

(3/4 YEARS OLD) PRE-K ACADEMY _____ (5/6 YEARS OLD) K ACADEMY _____

LAST NAME _____ FIRST NAME _____ GENDER _____	
ADDRESS _____ CITY _____	
STATE ____ ZIP CODE _____ TELEPHONE _____ D.O.B. _____	
PARENT/GUARDIAN _____ CELL PHONE _____	
PARENT/GUARDIAN _____ CELL PHONE _____	
MEDICAL CONDITIONS/ALLERGIES _____	
DOCTOR TO NOTIFY IN EMERGENCY _____ PHONE _____	
PERSON TO NOTIFY IN EMERGENCY _____ PHONE _____	
JERSEY SIZE: XS S M L XL SHORT SIZE: XS S M L XL	
FUTSAL/SOCCER EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED: _____	
<p align="center">CONSENT FOR MEDICAL TREATMENT</p> <p>As the Parent or Legal Guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent</p> <hr/> <p align="center">Signature of Parent or Legal Guardian</p> <p>Address _____</p> <p>City _____</p> <p>Zip Code _____</p>	<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of NESF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with futsal and in consideration for the NESF programs and activities, I hereby release, discharge, and/or indemnify NESF, its affiliated organizations and their sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the program, against any claim by or on behalf of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.</p> <p>Name _____</p> <p align="center">Parent or Legal Guardian (please print)</p> <p>Signature _____</p> <p>Date _____</p>