



LESTER FELICIAN SOCCER ACADEMY

2015 STRIKER SCHOOL REGISTRATION & CONSENT FORM

Striker School will be held on the date _____ to _____ . (_____)

Start time: _____

End time: _____

Player Information

Player's Name: _____ Gender: M / F

Date of Birth: _____ Age: _____

T-Shirt size (Required if attending soccer camp) Please circle one of the following:

Youth size: small medium large x-large

Adult size: small medium large

Parent / Guardian Information

Parent / Guardian Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Parent / Guardian Work Number: _____

In Case of Emergency Contact: _____

Insurance Information

Name of Insured: _____

Insurance Company: _____

Policy #: _____

D.O.B: _____

I do here by approve my child's participation in the striker school offered by the Lester Felician Soccer Academy. I certify that my child _____ is in good health and is able to participate without limitations. I am aware that soccer can be a physically challenging contact sport in which injuries can occur as a natural part of the game. In the event a medical emergency occurs and I am not on the premises or cannot be contacted, I give my permission to secure medical attention. Also I hereby release the Lester Felician Soccer Academy and its staff from all liabilities, loss, damage or injury suffered by the participant as a result of being a part of the related activities.

Parent Signature _____ **Date** _____**Cash** _____ **Check** _____ (Please make checks payable to Lester Felician)