



PATEADORES

Player Registration Form

Directions: Please fill out entirely and neatly. Bring completed form to tryout.

Player Name: _____ Parent Name(s): _____
Home address: _____
City: _____ Zip: _____ Home phone: _____
email address: _____ Cell phone: _____
Date of Birth: _____ Team trying out for: Boys/Girls U _____
Team last played for: _____ Position(s): _____

LIABILITY WAIVER:

I, the Parent/Guardian of the player named hereon acknowledges that participation in the sport of soccer, as in any sport may result in injury. The undersigned Parent/Guardian therefore releases the Pateadores Soccer Club, its teams, agents, officers, coaches, players, from all liability and responsibility for any claim, damage, or legal action on behalf of the player or players parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.

Name(Parent/Legal Guardian): _____
Print

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (Minor)

As the Parent/Guardian of the above named player, I give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Name(Parent/Legal Guardian): _____
Print

Signature: _____ Date: _____

