

# WESTCITY SOCCER

≡ personalized coaching and training ≡

## ★ PARENT & CHILD/FAMILY FUTBOL FUN REGISTRATION ★

To register, please complete one registration form per household and mail along with payment to:  
PO Box # 4849, Charlottesville, VA 22905. If you have any questions, give us a call. Thank you!

### Step 1: Contact Details

Family Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_  
 Work Tel: \_\_\_\_\_  
 Cell Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

### Step 2: Select Futbol Session

Parent & Child

Family

### Step 3: Participant Information

Enter total number of family members you are registering per program.  
For additional participants, please use the back of the page.

<input style="width: 50px; height: 50px;" type="checkbox"/> <b>Parent &amp; Child Sessions</b> Includes One Parent & One Child	<input style="width: 50px; height: 50px;" type="checkbox"/> <b>Family Sessions</b> Includes 4 Family Members *Additional members \$10 each	
<b>Select:</b> <b>Child / Adult</b>	<b>Child/ Adult</b>	<b>Child / Adult</b>
<b>Name (s):</b> _____	_____	_____
<b>Last Name (s):</b> _____	_____	_____
<b>Male or Female:</b> _____	_____	_____
<b>Date of Birth:</b> _____	_____	_____
<b>Allergies Yes/No:</b> _____	_____	_____
<b>Medication:</b> _____	_____	_____
<b>Notes:</b> _____	_____	_____

### Step 4: Payment Details

Amount Enclosed:   
 Check #: \_\_\_\_\_  
 Payable to: WestCitySoccer  
 Address: PO Box # 4849, Charlottesville, VA 22905

**Thank you. We look forward to seeing you on the field!**

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## ★ LIABILITY WAIVER/PARENT CONSENT ★

To participate in *WestCitySoccer* clinics, games and related activities, the player(s) and parent/guardian(s) must:

1. Acknowledge and understand fully that the player(s) will be engaging in activities that involve the risk of serious bodily injury and severe social and economic losses which might result not only from his/her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. There may also be other risks not known to us or not reasonably foreseeable at this time.
2. Agree to hold *WestCitySoccer* and its employees harmless, and hereby release them from any liability on account of injuries sustained by the player(s) while participating in soccer activities.
3. Certify that the player(s) is covered by medical insurance which will reimburse *WestCitySoccer* for expenses incurred by their employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.
4. Release, waive and discharge from any and all liability and covenant not to sue *WestCitySoccer*, their respective administrators, directors, and employees of the organization and other participants.
5. Give consent for the player(s) to be photographed while participating in soccer activities and for the resulting photos or film to be used by *WestCitySoccer*.
6. I/we understand that my/our child is subject to immediate dismissal if he/she does not comply with the clinic's regulations, or if my/our child's behavior is found to be detrimental to the best interests of the clinic.
7. I/we give consent for our child to receive emergency medical care as seen needed by the *WestCitySoccer* employees.
8. I have read and understand all of the above.

Player's Name(s): \_\_\_\_\_

Player's Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_



Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_