



Soccerdcf, LLC  
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610.505.5567

# Soccer Training/Camp

## PLAYER REGISTRATION

**Team** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (Home/Work/Cell)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Allergies/Physical Limitations? If yes, please explain:**

**Taking medications? If yes, please explain:**

**Emergency Contact Name/Phone #** \_\_\_\_\_

**Medical Insurance Co. Name & Policy #** \_\_\_\_\_

As the parent/legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in Soccerdcf 2009 Training/Camp. I understand there are certain risks of injury inherent in the practice and play of this sport and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the camp and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. I do hereby waive, release and hold harmless Soccerdcf, LLC its officers, directors (including Danielle C. Fagan), employees and other affiliated personnel or organizations for any injury that may be suffered by my child in the normal course of participation in the training/camp and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
**Signature Parent/Guardian (if player is under age 18)**

\_\_\_\_\_  
**Date**