



ASA SOCCER TRAINING REGISTRATION FORM

Please complete and submit with payment to office

Name and Date of Program: _____
(Program Description) (Date)

Please circle one: One or Two or Three : Times Per Week

Student Info: _____
(Name) (Age) (DOB) Male / Female

Student Info: _____
(Name) (Age) (DOB) Male / Female

Mother's Name: _____ Father's Name: _____

Address: _____ City/State/Zip: _____

Email: _____

Primary Contact #: _____

Home #: _____ Emergency #: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work: _____ Father's Work: _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Student's Physician: _____ Phone #: _____

Any known medical problems/allergies: _____

Release of Liability

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if deemed necessary. Austin Sports Academy and staff cannot be held liable for injuries that occur on facility gym premises or otherwise in the care of Austin Sports Academy personnel. I/We _____ assume all responsibility and hereby waive any claim for compensation for injury incurred by myself or my child while at Austin Sports Academy and agree to indemnify or hold harmless the facility, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program. Austin Sports Academy uses photos of students, staff and visitors in promotional material including website. I hereby grant full permission to Austin Sports Academy and its staff to use any photographs, motion pictures, recordings and any other records of events for any legitimate purposes including commercial advertising.

I have read the rules and policies on this page and agree to abide by the above stated guidelines.

Signature of Parent or Legal Guardian

Date