

Norfolk Express Soccer – Skills Camp

October 1, 8 & 15 from 3:00 to 5:00 p.m. at Airpark Soccer Complex
Cost is \$10 payable just once whether you attend one or all sessions

REGISTRATION

(Please Print)

Player:

Name (Last) _____ (First) _____ (MI) _____

(Circle) Male / Female Birthdate _____ Years of Soccer Experience _____

Address _____ (City) _____ (Zip Code) _____

Family: (write “same” in areas that are same as Player)

Father’s Name _____ E-mail _____

Address _____ (City) _____ (State) _____ (Zip Code) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother’s Name _____ E-mail _____

Address _____ (City) _____ (State) _____ (Zip Code) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Did you play last soccer season on an Express team? ____ Yes ____ No

If so, which age group and who was your coach? _____

If not, are you interested in getting placed on an Express soccer team? _____

MEDICAL RELEASE

With full knowledge of the risks of injury in the game of soccer, I hereby give permission for any and all medical attention necessary to be administered to registrant in the event of an accident, injury, sickness, etc., in any practice, game, tournament, scrimmage or while attending or traveling to or from any of those activities in the direction of the coach or designated assistant coach, until such time as I may be contacted. The registrant and I release, hold harmless and indemnify the Norfolk Soccer Club, Inc. and its representatives and coaches for any injury or damage related to the administration of emergency medical care. I do hereby assume the responsibility for payment of any such treatment.

Signature of Parent/Legal Guardian Date: _____