

1 v 1 Moves and Footwork Clinic Registration Form

Name _____ Age _____

Male _____ Female _____

Email Address _____

Mailing Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Current Team _____

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LIABILITY WAIVER

I certify that my child is medically qualified to participate in soccer and attend soccer camps and/or clinics. I hereby authorize the coaches running the 1 v 1 moves and footwork clinic to act for me according to their best judgement in securing treatment for my child in any emergency requiring medical care and guarantee that my medical insurance or I will be responsible for any charges. I waive and release said coaches and staff from all liability for any injuries and illness incurred while at the 1 v 1 moves and footwork clinic.

Parent or Legal Guardian _____

Parent cell phone number _____

Date _____

Paid: _____ *Check number:* _____