

Premier Soccer Futsal Academy Team
ACADEMY APPLICATION



Name _____ Age _____
Address _____
City _____ St _____ Zip _____
D-O-B _____ Grade Completed _____
Parent / Guardian _____
Phone (h) _____ (cell) _____
Email _____

Academy Programs Please Check One:

- U-9/10 Girls Academy Team**
- U-11/12 Girls Academy Team**
- U-13/14 Girls Futsal Academy Team**

Cost - \$395

Playing Position Please Check One:

- Forward
- Midfielder
- Defender
- Goalkeeper

Premier Soccer Training

Website: www.PremierSoccerTraining.com
E-Mail: steve@PremierSoccerTraining.com
Phone: 610-804-5964

Waiver Statements Medical Coverage

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the player. I hereby give permission for the staff of the Academy to seek during the period of the Academy appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the Academy's excess medical policy. I/We, the undersigned, hereby acknowledge and understand that the Premier Soccer Futsal Academy is a privately run sports camp, and is not operated by or through United Sports Training Center. The Academy is neither sponsored, controlled, nor supervised by United Sports Training Center, but rather is under the sole sponsorship, control, and supervision of the Premier Soccer Training.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Premier Soccer Training and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Academy activities or while at Academy.

Signature (Parent or Guardian) Date

*Deadline to receive registration is December 10th

Training/Game Shirt Please Check One

- YL AM
- AS AL

Please Send Application form and Check made out to:

Steven Fraser to: Steven Fraser, 260 Avon Rd, Apt. H-259, Devon, PA, 19333.