

Please mail completed form and check to PVSC Youth Academy
75 Malaga Cove Plaza Suite #2
PVE, CA 90274



Palos Verdes Soccer Club Youth Academy Registration Form

Name of Player _____ Age _____

Birth Date _____ School _____

Mother's Name _____ Father's Name _____

Telephone Numbers:

Home _____ Mother-Cell _____

Father-Cell _____

E-mail Address _____ (please print clearly)

Cost of Academy: \$150.00 for one 8 week session. Please make checks payable to Joe Flanagan.

IMPORTANT—I, the parent/guardian of the above names player (the "Player"), a minor recognize the possibility of the physical injury associated with soccer and in consideration for the Palos Verdes Soccer Club ("PVSC") accepting the Player to participate in PVSC related soccer activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the PVSC, its officers and directors, coaches and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the Player as a result of the Player's participation in the program and/or being transported to or from the same.

As the parent or legal guardian of the Player, I also hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of medicine or Doctor of Dentistry in the event that I am not able to provide that consent in person during the program. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name (Please Print): _____

Signature: _____