



## 2011/12 Youth Winter Training

Mail In Registration Form/Waiver

Player Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
School Team \_\_\_\_\_ Club Team \_\_\_\_\_  
Email \_\_\_\_\_

Session: **Youth Winter Training**

### Payment:

- \_\_\_ 1. \$100 non-refundable deposit  
    \$100 Payment due January 29  
    (Cash, Check, Credit Card)
- \_\_\_ 2. \$200 Paid in Full  
    Paid by Cash, Check, or  
    Credit Card

### Credit Card Payment

Name as it appears on credit card \_\_\_\_\_  
Credit Card Type (Please Circle One)    Visa        Mastercard  
Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_  
Credit card holders address, city, state, zip (If different from above)  
\_\_\_\_\_

Credit card holders signature \_\_\_\_\_

### Emergency Contact Information

Parent or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Release

I verify that my child has been checked recently by a physician and is physically able to participate in soccer activities. Also, as a parent/guardian, I authorize any first aid or emergency care that may become necessary for my child while he/she is participating. Further, I understand that there is an inherent risk of injury in playing soccer. Consequently, I hereby release and hold harmless, Elite Keeper Academy, Keith Jarema, his staff and Athletic Training Complex from liability should any injury, loss of life, or loss/damage to equipment that may occur during the camp. By executing this document, I hereby assume all risk of injury or lost or damaged property. In case of emergency, this form and signature will serve as authorization for a hospital to administer medical treatment. All pictures, videos, and contact information collected by Elite Keeper Academy may be used at the discretion of Keith Jarema for promotional use.

Parent/Guardian Signature \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Date \_\_\_\_\_