



2007 Registration Form

Session 4 - Monday, April 23 to Wednesday, June 6

COST FOR EACH SESSION IS: \$210 - (OR \$15 per day)

Days/Times:

Mondays - 4:00 to 5:30 PM at Mayfield Soccer Complex

Wednesdays - 4:00 to 5:30 PM at Jordan Middle School

Player Information:

Name: _____ Age: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents' Names: _____ Work Tel: _____

Home Tel: _____ Cell Phone: _____

Email(s): _____

Medical Information:

Medical conditions/allergies & Medications: _____

Doctor's Name: _____ Tel: _____

Emergency Contact: _____

Tel: _____

Consent for Medical Treatment (Minor):

As the parent or legal guardian of the above-named Player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

X _____ Date: _____

Signature of Parent/Guardian/Player Over 18 Years of Age

Release of Liability:





I the Player, or parent/guardian of the minor Player, acknowledge that soccer is an inherently dangerous sport in which the Player participates at his/her own risk. I, for myself and the Player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify (1) U.S. Youth Soccer, its affiliated organizations and its sponsors, Union Football Academy (a division of Union Football Club) Web site: www.unionfootballclub.com, E-mail: admin@unionfootballclub.com 405 El Camino Real #629. Menlo Park, CA 94025. (2) the Union Football Club, its officers, directors, coaches, team managers, volunteers, agents, representatives and assigns, (3) the Palo Alto Unified School District and its subdivisions, the City of Palo Alto and all other organizations providing fields for play, including their agents, officers, directors, contractors, employees, representatives and assigns (collectively "Released Parties"), from and against all claims, liabilities, damages or causes of action arising out of or in connection with the Player's participation in any and all Union Football Club programs. I affirm that the Player is in good physical condition. I understand that the Union Football Club does not carry medical insurance for Players participating in tryouts, practices, friendly scrimmages and other Union Football Club sponsored activities, and that I am responsible for the Player's insurance coverage until the Player is officially registered as a Player with the California Youth Soccer Association.

X _____ Date: _____
Signature of Parent/Guardian/Player Over 18 Years of Age

Union Football Academy 2007

Session 3 - Monday, March 5th to Wednesday, April 18th

Payment Information:

Cost for Each Session is \$210.00

(If your child cannot make all sessions, a pro-rated amount may be arranged prior to the sessions.)

Check payable to: **UNION FOOTBALL CLUB.**

Full payment is due upon enrollment.

Please send to address below prior to first session.



Union Football Academy (a division of Union Football Club)
Web site: www.unionfootballclub.com E-mail: admin@unionfootballclub.com
405 El Camino Real #629. Menlo Park, CA 94025.