



# 2008 Registration Form

**Session 3 - Wednesday, April 29 to Friday, June 13**

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

Days/Times:

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

Fridays - 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](http://www.unionfootballclub.com), E-mail: [admin@unionfootballclub.com](mailto: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 2008



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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](http://www.unionfootballclub.com) E-mail: [admin@unionfootballclub.com](mailto:admin@unionfootballclub.com)  
405 El Camino Real #629. Menlo Park, CA 94025.