



# EUROPEAN SOCCER ACADEMY REGISTRATION

## PERSONAL

\_\_\_\_\_  
Last Name First Name M.I

\_\_\_\_\_  
Age Date of Birth

\_\_\_\_\_  
Address Town State Zip

\_\_\_\_\_  
Home Tel Work Tel Email (Parents)

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Emergency Contact Tel

\_\_\_\_\_  
Medical Conditions

### CAMP

➤ Check shirt adult  S  M  L  XL

\_\_\_\_\_  
Playing Experience (Please include teams, schools and levels that played at)

### Payment

\_\_\_\_\_  
Amount \$ Check #

Please include at **minimum \$100 non-refundable deposit**, the remaining balance will be paid in full on the first day of the Academy

I hereby release Elite UK Soccer Training from any and all claims and liability of any kind of personal injury or property damage while participating in Elite UK Soccer Training, LLC training Practices. I clarify that my child is in good health, as I understand sport participation can include physical contact. I agree to inform Elite UK Soccer of any medical or psychological conditions. If attention is required for illness or injury, I give permission to a staff member for such care.  Please tick box if you do not give consent for your child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Elite UK Soccer for promotional purposes.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date