

FCI THE SOCCER TRAINING ACADEMY

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TEAM: _____ COACH: _____

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

In enrolling at FCI - THE SOCCER TRAINING ACADEMY, located at The Indian Valley Boys and Girls Club (IVB&GC), the participant understands that he/she attending the FCI TSTA programs and using IVB&GC facilities does so at his/her own risk. FCI TSTA and IVB&GC and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless FCI TSTA and IVB&GC, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by FCI TSTA. Failure to do so may result in suspension from participation. **Consent:** I, the undersigned parents or guardian/participant, do hereby grant authority to the staff of FCI TSTA to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Name of Insurance Company _____ Policy Number _____

I accept. _____ Date: _____
(Parent/Guardian Signature)