

First Class Football Academy Summer Camp Registration

Player Information

Name: _____

Sex: _____

Birthdate [mm/dd/yy] _____

AHC #: _____

Training Shirt Size: _____

Medical Information (allergies/ conditions we should be aware of):

Parent/Guardian Contact Information

Name: _____

Address: _____

City/Postal Code: _____

Phone Number: _____

Email: _____

Previous Playing Experience [club, age/tier, seasons] during the last two years

By registering my child in the aforementioned program, I recognize that all safety precautions will be taken by First Class Football Academy and it's staff, but I also recognize that there are risks involved in any sports activity. As the parent/guardian I agree to ensure that my child is wearing all mandatory equipment and my child will not be allowed to participate without them. I recognize that First Class Football takes the health of it's players and staff seriously and I understand that although protocols are in place to limit exposure to Covid-19 it may occur. I do hereby release and hold harmless First Class Football Academy, its directors, officials, employees, sponsors, coaches and volunteers from any and all liability, financial or otherwise that may arise from my child's participation in this program.

A \$50 non-refundable administration fee will be included in the cost of registration. A partial refund of remaining fees will only be available up to 7 days prior to camp and only be considered up to 48 hours before training sessions commence.

A \$45 NSF fee will be applied to all returned payments. Players will not be allowed to participate until arrears are cleared.

I authorize First Class Football Academy to take photographs/videos of my child during the program and that they may be used for promotional/educational purposes and they will remain the sole property of First Class Football Academy.

In signing below, I verify that I have read, understand, agree and will adhere to the policies, conditions of participation and release of liability listed above.

Parent/Guardian [Please Print] _____

Parent/Guardian Signature: _____ Date: [mm/dd/yy] _____