

# Registration Form

Mail registration to: Valley Soccer Academy

RR4 Box 505a Fairmont, WV 26554

Make check payable to: **Valley Soccer Academy**

**For further information on all indoor events call: 304-366-8833**

**www.vsasoccer.com**

Player Name: \_\_\_\_\_ Age/Gender \_\_\_\_\_

Parent Name: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Clinic:** Tadpole ( ) Roadrunner ( ) Daredevil ( ) Youth Prem. ( )

Premier ( ) Dynamic ( ) Private session ( )

**Program** 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( )

**Camps**—Easter ( ) Community ( ) High School ( )

Location of program/camp/clinic \_\_\_\_\_

Time of Program/camp/clinic \_\_\_\_\_

Program day/days \_\_\_\_\_

4 wk ( ) 5 week ( ) 6 week ( ) 8 -15 weeks ( )

I certify that my child is in excellent physical health and may participate in strenuous physical activities, including soccer to be played at camp/clinic. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release said camp/clinic, Valley Soccer Academy from any and all liability claims, for injuries or illness occurred while attending camp/clinic. I confirm that I am a parent/guardian of the minor named above.

Parent/Guardian Signature: \_\_\_\_\_

E-mail(Please print clearly) \_\_\_\_\_