



**PLAYSOKA ACADEMY PLAYER
REGISTRATION FORM**



Year 2020

SUMMER FALL SPRING

<http://playsoka.com/>

Player First Name

Player MI

Player Last Name

Street Address

City

State

Zip Code

Email

Phone Number

Date Of Birth (MM/DD/YYYY)

Gender

MALE

FEMALE

Age

6 – 8

9 – 11

12 – 14

15 – 18

>18

List any medical conditions coach should be aware of

Emergency Contact (name, phone)

For players < 18 years

Parent/Guardian #1

Address

Phone

Email

Parent/Guardian #2

Address

Phone

Email

APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer participation, I hereby release, discharge, and/or otherwise indemnify PLAYSOKA and their sponsors, employees and associated personnel, including the owners of fields and facilities utilized by PLAYSOKA against any claim by or on behalf of the registrant as a result of the registrant's participation in PLAYSOKA activities. By my signature below, I confirm that I am (or my son/daughter is physically is) capable of participating in soccer activities. I have noted above, any specific issue, condition that may impact participation in soccer activities. I hereby give consent to have an athletic trainer and /or doctor of medicine or dentistry provide medical assistance if necessary and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

I further grant PLAYSOKA the right to use the player's name, pictures and or likeness in printed, broadcast and other material, provided such use is related to the player's status as a participant in PLAYSOKA activities.

Signature

Relationship

Date