

Registration Form

SOCCER GIRLS RULE FREE CLINIC

AT THE UNIVERSITY OF ROCHESTER

Contact Information

Full name:

AGE:

Address:

T-shirt: S M L XL

Parents/Guardian

Full name:

Address:

Home Phone:

Cell Phone:

Email:

Statement of Participation and Liability / Medical Release:

I give permission for my child, named above, to participate in the Soccer Girls Rule Free Clinic. To the best of my knowledge, my child, named above, is medically and physically fit to participate in the program. I, the parent/guardian of the registrant, a minor, agree to abide by the rules of Riverflow Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Riverflow Soccer, the University of Rochester and their affiliated organizations, sponsors, employees and volunteers, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the clinic.

Parent/Guardian Signature _____ Date: _____

