

**Toros RGV Soccer
Toros**



Little

REGISTRATION FORM

STUDENT'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

GENDER: ___M___F

PARENTS NAME: _____

TELEPHONE: _____ CELL: _____

EMAIL: _____

ADDRESS: _____

FORM OF PAYMENT:

CHECK:_____ CREDIT CARD: _____ CASH:_____

ENROLLMENT DATE: _____

PARENT'S SIGNATURE: _____

WAIVER AND MEDICAL RELEASE

I, as a parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in PLAZA SPORTS CENTER.

In consideration of the acceptance of my child/ward, our heirs, executors, administrators and personal representatives, discharge, waive and release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities in which injury or death, which my child/ward or I may have by virtue of or arising in connection with his/her participation in the Soccer events, or any other sport or activities he/she plays in that facilities. By executing this document I hereby assume, on behalf of my child/ward, all risk of injury or loss to which he/she may be exposed as well as supervising his/her well being. I release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities from the responsibility of supervising my child's presence in the facility as well as any possible kidnap, disappearance or escape.

I hereby consent for E-mail blast & Text messages to be sent for upcoming events and memos. Photograph or likeness of my child/ward to be taken and used without compensation to my child/ward or to me. I understand the picture and any other information provided to the facility will not be sold for any purpose, and may be used to publicize at PLAZA SPORTS CENTER event or any activities of the TOROS SOCCER ACADEMY. I am aware that it may be used in a brochure, newspaper, be placed on the Internet and/or on the PLAZA SPORTS CENTER website, or may be placed in PLAZA SPORTS CENTER newsletter.

I, parent/legal guardian of the registrant, a minor, agree that I the registrant will abide by the rules of PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the soccer I hereby release, discharge and/or otherwise, indemnify PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by PLAZA SPORTS CENTER. Against claim by or on behalf of the registrant as a result of the registrants participation in PLAZA SPORTS CENTER and/or being transported to or from same, which transportation I hereby authorize.

I acknowledge that I have read and fully understand this Waiver and Medical Release.

Name of Player

Signature of Parent or Guardian.

Date _____

Relation to player: