



**REGISTRATION AND  
PARTICIPATION FORM  
HERITAGE SOCCER CLUB  
2012 WINTER ACADEMY  
AGES 6-12**

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Name of Parents/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

List any medical problem or condition this player has: \_\_\_\_\_

Person to Notify in Emergency \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

**PLAYER HISTORY:**

Number of Prior seasons Played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League or Club \_\_\_\_\_

Position(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I, the parent/guardian of the above-named player, a minor, hereby give permission for the player to participate in Heritage Soccer Club's skills and training clinic. I further, on behalf of myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Heritage Soccer Club, the owners and operators of the facilities used for the clinic and each of their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in this program.

Print Name of Parent/Guardian (over age 18) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_