



REGISTRATION DATE: _____
PLAYER'S NAME: _____
DATE OF BIRTH: _____ AGE: _____ SEX: (CIRCLE ONE) MALE FEMALE
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE #: _____ CELL PHONE #: _____
EMERGENCY CONTACT NAME: _____
PHONE: _____
PARENT/GUADIAN NUMBER/ NAME: _____

PARENT EMAIL: _____

I/We hereby grant permission for my child to participate/ play soccer in the NY Inter Mex Soccer Club Inc., indoor/ outdoor training or games. I agree to indemnify and hold harmless NY Inter Mex Soccer Club Inc., coaches, staff, and any other member associated with the club from any liability, claim or action arising out of such participation in the sport of soccer. I further certify that my child is in good health and has no physical or other impediment, which would endanger him/her, or any other participant taking part in club activities, tournaments, training, games, and/or any other event. All registrants and participants permit the taking of photographs and videos of themselves and their children during NY Inter Mex Soccer Club activities for publication and use as NY Inter Mex Soccer Club deems appropriate.

Parent/Guardian signature: _____

NY INTER MEX SC- YOUTH SOCCER TRAINING AT P.S. 10
511 7TH AVE, BROOKLYN, NY 11215
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DEPARTMENT OF EDUCATION OR THE CITY OF NEW YORK
FOR MORE INFORMATION CONTACT US BY EMAIL:
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