Lil Player Soccer Academy (LIPSA)

Registration Form

Name: (first)_____(last)_____

Date Of birth: (mm/dd/yyyy)_____

Address: _____

Phone#: (Cell) _____

Position:_____

I _____ give consent for my child to participate in this soccer training session. By signing this Form, I acknowledge and understand the risk involve and I waive all my rights, including but not limited to legal action.

Signature_____ Date_____