



Elite Advanced Training

REGISTRATION FORM

Program: _____ Day: _____ Time: _____ Phase: _____

Player Information

Player Name: _____ Age: _____

Date of Birth: _____ Gender: Male Female Jersey Size: _____ Short Size: _____

Current Club: _____ Coach: _____ Team: _____

League: _____

Parent / Legal Guardian Information

Parent Legal / Guardian: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____

Email: _____



Payment Information

Payment Option (Choose One): Full Payment Two Payments Others: _____

Disclaimer + Consent

I certify that to the best of my knowledge that I, or my child, is in good health and is capable of participation in Elite Advance Training. I, as the parent or guardian of the player listed in the form, hereby for myself, my heirs, executors, and assigns do waive and release any and all claims and rights for damages, liabilities, actions, and causes of action whatsoever, arising out of related to any loss, damages, or injury, including death, that may be sustained while participating in Elite Advance Training. I agree to indemnify and hold harmless Elite Advance Training and its officers and board directors, coaches, and all other volunteers from any and all legal action arising from my, or my child's participation in program. I, the undersigned, am fully aware of the risk and hazards inherent, upon participation in said events. I hereby certify that I have read and understand this consent and release form.

Date: _____

(PARENT LEGAL SIGNATURE)