

HOUSTON CITY SOCCER ACADEMY



APPLICATION FORM

Player Name: _____
First Name Middle Name Last Name

Age: _____ Date of Birth: _____ Height: _____ Weight: _____

Place of Birth: _____ Type of Blood: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

School: _____ Grade: _____

PARENTS INFORMATION

Father Name: _____ Occupation: _____ Phone: _____

Mother Name: _____ Occupation: _____ Phone: _____

List any medical Problem or prohibition placer has: _____

Person to notify in emergency: _____ Phone: _____

Doctor to notify in emergency: _____ Phone: _____

Who lives the player with? Parents ☐ Father ☐ Mother ☐ Other ☐

We/ I, _____ the parent/guardian of the registrant, a minor, agree that I and the registrant will abide the rules of *Houston City Soccer Academy*, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by *Houston City Soccer Academy*, accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify *Houston City Soccer Academy*, its affiliated organization and sponsors their employees and associated personnel, including the owners of fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____
Parent/Legal Guardian (Please Print)

Date: _____