

ERIE FUTBOL CLUB

Premier Soccer

Northeast Ohio

Training/Camp/Clinic Form

Please Print:

Date _____

Player Name _____ DOB _____ Age _____ U- _____

Player Address _____

City _____ Zip _____

Fathers Name _____ Mothers Name _____

City Team _____ Club Team _____

Home # _____ Cell# _____

E-mail _____ other #s _____

T-Shirt Size (Circle One) AS AM AL YS YM YL YXL

Emergency Contact (name) _____ # _____

Medical Conditions _____

Medical Release

I verify my child is covered by medical insurance. He/She has been checked by a qualified physician and is physically able to participate in soccer activities. I understand that soccer has the physical risk of injury. I release Erie Futbol Club its employees, officers, agents, and hosting facilities from any damages and liabilities that may occur while my child is at tryouts, practices, games, camps, tournaments, and any other club function.

Parent/Guardian Signature _____ Date _____