



CHELSEA PREMIER SOCCER & FUTSAL ACADEMY PLAYER REGISTRATION FORM



Student's Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Mother's Name: _____

Cell Phone: _____

Father's Name: _____

Cell Phone: _____

Email: _____

School Attending: _____

1. I, the parent/guardian of the student named above, hereby, give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the club/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions throughout the City of New York. **Initial** _____
2. I understand that my child will meet all club practices and participation requirements. **Initial** _____
3. I understand that my child is responsible for their behavior at all time, and agree not to hold the club or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the club's code of discipline may result in exclusion from the team. **Initial** _____
4. I understand that it is necessary for my child to have an approved medical certificate for club competition and interval health history form on file in the club before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school within 72 hours of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. **Initial** _____
5. I understand that with the participation in sports comes the risk of injury and illness, particularly with contact sports. Such injuries and illnesses may include, but not be limited to, concussions, COVID-19, injury to bones, neck, spine or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating. **Initial** _____
6. I agree to thoroughly read the information and report to the club within 24 hours if there is any change in my child's medical condition. I understand that COVID-19 information and policy is subject to change based on updated health information related to COVID-19. **Initial** _____
7. I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child. **Initial** _____
8. I agree to be responsible for the return of all equipment issued by the club. **Initial** _____
9. I understand and give permission for my child to travel unaccompanied on public transportation or accompanied on a club-approved vehicle to and from all scheduled practices and competitions. **Initial** _____
10. I hereby give permission for my child's photograph and information about my child's performance in club's activities, together with my child's name to be put on the social media, in accordance with the policies set forth in Chelsea Premier Soccer & Futsal Academy. **Initial** _____
11. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, telephone number or social security number. **Initial** _____
12. I hereby give permission for my child to be interviewed, videotaped and/or photographed by the media as it pertains to club athletic contests. I also hereby release the Chelsea Premier Soccer & Futsal Academy, and its agents and employees, from all claims, demands, liabilities whatsoever in the connection with the above. **Initial** _____
13. I hereby release, discharge, the Chelsea Premier Soccer & Futsal Academy, and their employees of all claims, demands or causes of action which are in any way connected with my child's participation in this activity, except if such claims arise out of the gross negligence or willful misconduct of the Chelsea Premier Soccer & Futsal Academy. **Initial** _____

In case of emergency, please contact me at (____) _____ or (____) _____

PRINT – PARENT/GUARDIAN	SIGNATURE	/ / DATE
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COACH SIGNATURE	DATE
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Child's Size: YS___ YM___ YL___ AS___ AM___ AL___ AXL___ A2XL___

List any medical problems or prohibitions player has including any allergies/medications

Doctor to notify in case of emergency _____ **Phone** _____