



FIRST LINE FUTBOL WINTER GOALKEEPER CLINIC REGISTRATION

PLEASE INDICATE DATE(S) YOU ARE REGISTERING FOR:

DEC 20-21 (\$85) JAN 20 (\$75) FEB 17 (\$75)

Payment type (circle): CASH CHECK

PLAYER INFORMATION

Player name _____

(Circle) Male/Female Birthday _____ **Age** _____

EMERGENCY / CONTACT INFORMATION

Contact name _____

Phone _____ **Email** _____

Please list any allergies _____

LIABILITY RELEASE I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing First Line Futbol from all liability on my and the Participant's behalf, (b) waiving my and the Participants' right to sue, (c) and assuming all risks of Participant's participation in this Activity. I agree to be bound by the terms of this document. I understand that there are risks associated with my child's participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, or death. I assume all risks to the Participant that are associated with this Activity or any events incidental to this Activity.

SOCIAL MEDIA RELEASE I understand that during training photos and videos are taken for use on First Line Futbol's social media platforms. This content is used for promotional and educational material, including, but not limited to, First Line Futbol's website, social media accounts, and additional promotional materials, either digital or in print. Where available, participants will be tagged in social media posts.

Signature _____

Date Signed _____

