



**Elite Goalkeeping Academy  
Information/Waiver Form**

Player's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Team(s) playing on for the 2011/2012 season \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Other \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel # \_\_\_\_\_

Player's Health Insurance Company \_\_\_\_\_

Player's Health Insurance Policy # \_\_\_\_\_

Player's Physician's Name \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Medical Concerns/Injuries/Allergies of player (if none please write none, if yes please describe and see the camp coordinator at registration)

\_\_\_\_\_  
\_\_\_\_\_

---

**WAIVER / INDEMNIFICATION**

Parent(s) or legal guardian must sign below before player is accepted to participate in the Elite Goalkeeping Academy:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Elite Goalkeeping Academy. I understand there are inherent risks to participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at the Elite Goalkeeping Academy. I further agree to indemnify and hold harmless Seneca Valley Soccer Association, Manchester United, The Art of Saving, as well as any of the academy sponsors, Elite Goalkeeping Academy, and its agents, coaches, employees and/or representatives, from any and all liability, damage, or expense arising out of my child's participation at the Elite Goalkeeping Academy.

In the event that I cannot be reached in an emergency, I hereby give permission for a qualified Elite Goalkeeping Academy representative or staff member, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my child.

Signature of Parent(s) or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_