



Last Dream Soccer Club Sign-Up Sheet

Current Team: _____

Jersey Number: _____

Last Name: _____

(Please print)

First Name: _____ Date of Birth: _____

(Actual)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____ email: _____

Country of Origin: _____

In case of Emergency

Person to contact: _____ Phone: _____

Name & telephone of your health insurance company: _____

Release of All Claims

I _____ understand that participation can involve many risks and injuries, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body. I hereby, agree to hold the Last Dream Soccer Club of Royal Palm Beach, it's employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in activities related to the Last Dream Soccer Club Recreation Programs.

The terms hereof shall serve as a release for my heirs, estate, and executor, and administrator, assignees and for all members of my family.

I have read the foregoing and understand and will abide by all of the principals and regulations contained therein.

Signature: _____ Date: _____

Season Fee: \$175 or \$90 (week nights) **NO REFUNDS** Check #: _____ Cash: _____

Proof of Age required.

ID verified by: _____

FL DL: _____ US Passport: _____