

# LAST DREAM SOCCER CLUB

## OFFICIAL SIGNUP FORM

Last Name \_\_\_\_\_

(Please print)

First Name \_\_\_\_\_

(Please print)

Date of Birth \_\_\_\_\_

(Actual)

Address \_\_\_\_\_

(Please print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Current Team: \_\_\_\_\_

(Please print)

Jersey Number: \_\_\_\_\_

(Please print)

### In case of Emergency

Person to contact \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_ understand that participation can involve RISK OF INJURY, including, but not limited to, death, serious neck and/or spinal injuries, and other serious injuries or impairment to the body.

I at this moment agree to hold the Last Dream Soccer Club, its employees, agents, representatives, and volunteers harmless from all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participation in activities related to the Last Dream Soccer Club.

The terms hereof shall serve as a release for my heirs, estate, executor, administrator, and any assignees and all family members. I have read the foregoing and understand and will abide by all the principles and regulations herein.

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

Season Fee: \$150 (*NO REFUNDS*) Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Proof of Age is required.

ID verified by: \_\_\_\_\_

FL DL: \_\_\_\_\_

US Passport: \_\_\_\_\_