

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 (*NO REFUNDS*) Check #: _____ Cash: _____

Proof of Age (*REQUIRED*): _____ ID Verified by: _____

Driver's License: _____ US Passport: _____