

Youth Soccer Registration Form

Registration Dates:

Registration begins Tuesday May 26th and ends June 12th. Space is limited to the first 200 children.

Mail in Registration:

Mail form and make check payable to:
Sergeant Manny Garcia- Everett Police Department
1121 SE Everett Mall Way
Everett, WA 98204



Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____ M/F: _____

Address: _____ City: _____ Zipcode: _____

Phone #: (H) _____ (W) _____ (Cell) _____ Email: _____

T-shirt/Uniform Size: (Circle One) Youth: L Adult: S M L XL

Hold Harmless: I, the undersigned, acknowledge and understand that the program in which my child is enrolling will involve a certain amount of strenuous physical activity. I agree to assume all risks associated with the program and further agree to hold the Casino Road Football Academy, harmless from and against any and all liability, loss, claims, costs and expenses for both personal injury and/or property damage, including reasonable attorney fees, which may arise as a result of my child's participation in the program in which he/she is participating. In case of emergency and you are unable to contact me and you believe it is necessary to obtain the service of a doctor or hospital to render service and/or treatment to my child, I hereby authorize you to do so at my expense.

Signature of Parent/Guardian of Child: _____

(This must be signed in order for your child to be eligible to participate.)

Photo Release: The undersigned agrees to release the Casino Road Football Academy, its officers, agents, and employees, from any and all claims, suits, actions, damages, or compensation in any way related to the use and reproduction of photograph(s) taken of me or my child which are used in future publications. [] Do not want to be photographed.

Signature of Parent/Guardian of Child: _____

Are you interested in being a volunteer for this camp?

Name: _____ Phone: (H) _____ (W) _____