



Player Registration Form

Bridge USA Soccer Academy, 20300 S. Vermont Ave, Suite 200 Torrance, CA 90502

Personal Information

Full Name: _____
Last _____ *First* _____ *M.I.* _____

Address: _____
Street: _____ *Apartment/Unit #* _____

_____ *City* _____ *State* _____ *ZIP Code* _____

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Male: _____ Female: (Circle One) _____

Birth Date: _____ Age: _____

Parents/Guardian Information

Fathers/Guardian Name _____

Mothers/Guardian Name _____

Address: _____ Town: _____

State: _____ ZIP: _____

Primary Tel: () _____ Cell: () _____

Emergency Contact Information (If Different From Above)

Full Name: _____
Last _____ *First* _____ *M.I.* _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

_____ *City* _____ *State* _____ *ZIP Code* _____

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Credit Card Information

(Circle One)

Credit Card Number: _____

Name On Card: _____

Card Type: VISA MstrCard AMEX

Expiry Date: _____ / _____ / _____

Address: (If Different From Above): _____

Bill Monthly From Card: Yes No

Authorization Signature: _____



Please Sign Back Of Form

Does this player have any current injuries or minor physical limitations, (i.e., bone or soft tissue injuries, allergies, blood disorders, breathing difficulties, hearing or sight problems, etc.) or other medical conditions a coach should know about? If so, briefly explain below:

I, the undersigned parent or legal guardian of the above-named player, a minor (“Player”), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other officials of Bridge USA Soccer Academy to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

Bridge USA Soccer Academy reserves the right to terminate this agreement at anytime with the player and the parent should Bridge USA Soccer Academy deem necessary.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM BRIDGE USA SOCCER ACADEMY IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

In consideration of accepting the registration and permitting the voluntary participation of Player in Bridge USA Soccer Academy Programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law Bridge USA Soccer Academy, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by Bridge USA Soccer Academy and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Bridge USA Soccer Academy event, including any physical or other injury caused by the negligence of any person or entity described above.

Parent Signature: _____

Date: _____

Academy Location You Want To Attend:

Orange County

Torrance

Days Per Week: (Circle) Monday, Tuesday, Wednesday, Thursday