



PLAYER INFORMATION

Name _____ Sex _____ Age _____ DOB _____ / _____ / _____
Home Phone (_____) _____ - _____ Alt. / Emergency (_____) _____ - _____
Address _____ City _____ State _____ Zip _____
Mom's Name _____ Cell Phone (_____) _____ - _____ Email _____
Dad's Name _____ Cell Phone (_____) _____ - _____ Email _____
Medical Conditions or allergies to which we should be alerted _____

Are you wishing to participate in Keeper training if offered? YES NO


CAMP INFORMATION

Camp Location _____ Camp Date(s) _____ Uniform Size _____ Shirt _____ Shorts _____

PAYMENT INFORMATION

Tuition (Full payment required, Fully refundable if program is not available) or **REGISTER & PAY ONLINE at www.coervercoachingtx.com**

TOTAL ENCLOSED (payment by credit card is preferred online) Check (Ck # _____) Payment Amount \$ _____

 Name on credit card _____
Card Number _____ Exp. Date _____
(If different from above) CID # _____

 Address _____ City _____ State _____ Zip _____
Signature _____ Date _____

**Please send payment to:
Coerver Coaching Texas
1200 Hillandale Ct
Bedford, TX 76021**

ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION - PHOTOGRAPHY RELEASE

As a parent / guardian of the applicant, I understand that participation in soccer can result in serious injury and I hereby give permission for my child to participate in the Coerver Coaching Texas camps, and agree to comply with all program regulations, and hereby remove Soccer Techniques, LLC dba Coerver Coaching Texas from any liability for injuries incurred while participating in this program.

I/We the undersigned hereby certify that I(we) am(are) the parent(s) or legal guardian(s) of the camper/student. I(We) hereby give permission for the staff of the Camp/School to seek appropriate medical attention for the camper/student and for the medical attention to be given and for the camper/student to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp/school's excess medical coverage policy.

I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Soccer Techniques, LLC dba Coerver Coaching Texas and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp/School activities or while at Camp/School, whether or not damages, injury or loss is due to negligence.

I hereby grant to Soccer Techniques, LLC dba Coerver Coaching Texas the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp/school activities.

PARENT/LEGAL GUARDIAN's Signature _____ Date _____