

# COERVER® COACHING VA

## Player Registration



[www.coerver.com](http://www.coerver.com)

### 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.coervercoaching.com](http://www.coervercoaching.com)**

TOTAL ENCLOSED (payment by check & US mail is preferred) Check (Ck # \_\_\_\_\_) Credit Card \$ \_\_\_\_\_



Name on credit card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

(If different from above)

CID # \_\_\_\_\_

**Please send payment to:  
Coerver Coaching Virginia  
14709 Forest Wood Lane.  
Midlothian, VA 23112**



Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### 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 Virginia camps, and agree to comply with all program regulations, and hereby remove Coerver Coaching Virginia 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 Coerver Coaching Virginia and it 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 Coerver Coaching Virginia 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 \_\_\_\_\_