Radford Soccer Club
P.O. Box 1773
Radford, VA 24143

2009 Spring Academy Sign-up

Player: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Circle Shirt Size: YS YM YL YXL AS AM

Email: _____

Special Comments: _____

Medical Release Statement:

I hereby give my consent and permission for the player named above to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness under the direction of Academy/Club personnel, until such time as I can be contacted. Further, I give my consent and permission to the physician and/or hospital and/or other health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the player.

_____

Parent or Guardian's Signature Date

Completed and signed form, along with Payment ($60) should be mailed to the Radford Soccer Club. Sign-ups may be taken at the first session, only if space is still available.