

Quad Cities United Academy Program Fall 2015
Location: Davenport Soccer Complex
Dates: Monday/Wednesday September 14th to October 21st
Time: 5:45pm - 6:45pm Cost: \$70

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Dad's Cell: _____ Mom's Cell: _____

Email: _____

Age: _____ DOB: _____ Sex: _____

Parents Names: _____

School Attended: _____

Release of Liability:

I certify that _____ has my permission to participate in the Quad Cities United Soccer Academy. I further certify that the above player has medical insurance in case of an injury or emergency. I hereby grant permission to officials of the Quad Cities United Soccer Academy to act for me according to their best judgment in an emergency requiring medical attention. Furthermore, I hereby waive and release Quad Cities United, its employees, agents, officials and staff from any accident or injury sustained while participating in the academy program.

Signature of parent or guardian: _____