

Quad Cities United Winter Academy 2016

Location: Augustana College - Carver Center

Dates: Sundays February 7th to March 6th Ages

5 to 11 (U11 or under) 4pm-5pm

Ages 12 to 18 (U12 or above) 5pm-6pm

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: _____