

Quad Cities United Academy -- Fall 2016

Location: Davenport Soccer Complex

**Dates: Monday/Wednesday August 22nd to
October 12th Time: 6pm - 7pm Cost: \$100**

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: _____