

# Quad Cities United Winter Academy 2017

Location: Augustana College - Carver Center

Dates: Sundays February 19<sup>th</sup>, 26<sup>th</sup> & March 6<sup>th</sup>

U6 to U10 will be 10am-11am

U11 and older will be 11am-12pm

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: \_\_\_\_\_