**APPLICATION FORM**

**PARENT/GUARDIAN INFORMATION**

**First name:**

**Last name:**

**Relation:**

**Street address:**

**City:**

**State: Zip:**

**Mobile phone: Home phone:**

**Email address:**

**PLAYER INFORMATION**

**Name:**

**Last name:**

**DOB (MM/DD/YYYY): Gender:**

**Height (meters): Weight (kgs):**

**Course (duration on weeks): From: MM/DD/YYYY to: MM/DD/YYYY**

**Playing experience/Current club:**

**Playing position:**

**Favoured foot:**

**Shirt size: Short size: Sock size:**

**Street address:**

**City:**

**State: Zip:**

**Mobile phone: Home phone:**

**Email address:**

**Emergency contact:**

**Medical Conditions:**

**We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following:**

**(1) We agree to abide by the rules of NEXTSTARS F.C.A. and its affiliated organizations and sponsors.**

**(2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for NEXTSTARS F.C.A. accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities (“Youth Programs”), we hereby release, discharge and/or otherwise indemnify and hold harmless NEXTSTARS F.C.A., its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize.**

**(3) We authorize verification of the registrant's date of birth from legal records to be provided to a NEXTSTARS F.C.A. authorized representative for the limited purpose of verifying the NEXTSTARS F.C.A. player's age and identity.**

**(4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment.**

**(5) We consent to NEXTSTARS F.C.A. taking photographs, video recordings, and/or sound recordings in documenting the activities of NEXTSTARS F.C.A. programs and services. We hereby grant NEXTSTARS F.C.A. and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for NEXTSTARS F.C.A. and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms.**

**We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.**

**Signature of Parent/Legal Guardian: Signature player:**

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