



ANTILLEANS FOOTBALL CLUB, INC. REGISTRATION FORM

7749 Normandy Blvd. Ste. #145-114, Jacksonville, FL 32221 • (904) 699-7690

PARTICIPANT INFORMATION

Child's Name: Age:

Gender: Male Female Org/School:

PARENT INFORMATION

Parent or Guardian Name: Phone:

Address/City/State/Zip:

Email Address: Alternate Phone:

Soccer Skills: Never Played Beginner 1-2 Years 3-4 Years Highly Skilled

REGISTRATION INFORMATION:

Clinic Hours: Saturday, July 23, 2016 from 9:00 am – 1:00 pm

Clinic Fees: \$25, after July 6, 2016 - \$30

Pay online: www.antilleansfc.org or

Mail payment: Antilleans Football Club, Inc.

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PARENT CONSENT FORM:

I/We the undersigned certify that we are the parents/legal guardian of the Player. We understand that, as with any sport, injuries can occur we are aware of the risks connected with the participant's involvement in this activity. We hereby acknowledge that the Player is qualified and in good health and proper physical condition to participate in this activity, and has my permission to participate. I further agree and warrant that if at any time I believe conditions to be unsafe I will immediately discontinue Player's further participation in this activity.

We **waive, release, and forever discharge** Stanford Lugg, AFC, and its trainers, volunteers, and representatives (the "Releases") from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in this program's activities or while at this program, whether or not damages, injuries or loss is due to negligence. In addition, we will not hold this program responsible for any preexisting injuries or recurrence of any undisclosed preexisting injury or illness of our child. I further agree that if, despite this waiver and release, I or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may be incurred as the result of such claim.

Player Signature _____ Date _____

Parent Signature _____ Date _____