



Athlete Information Form

PERSONAL INFORMATION

Name (First and Last)		DOB	
Street Address		City	
Email Address		Postal Code	
Telephone			

PARENT CONTACT INFORMATION

Mother's Name		Mother's Phone	
Mother's Email			
Father's Name		Father's Phone	
Father's Email			

PLAYING EXPERIENCE INFORMATION

Name of Previous Team	Position

Waiver must be signed in order for athletes to be eligible to participate in Skills Clinic and/or Selection Process

Waiver: I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors and any other participating agencies in respect to personal loss, illness, bodily injury or death resulting from participating in this activity. I also fully understand the rigors of such an event and have prepared myself physically for this event. At the time of registration, I will inform organizers regarding any relevant medical conditions. I agree to follow all rules that are outlined. I the undersigned have given up unsubstantial rights by signing this document, and sign it voluntarily.

Signature Parent/Guardian: _____