



ACADEMY & Development Programme **Registration Form 2006-2007**

Player Information:

Last Name _____ Birthday (M-D-Y) _____

First Name _____ Sex _____

Address _____

City & Postal Code _____

Phone _____ Email _____

Current Soccer Club:

Home Club _____

Coach _____

Guardian Information:

Father/Guardian _____

Mother/Guardian _____

Player Release (Waiver must be signed):

As the parent or guardian of the above named player I confirm that all the above information is correct. I furthermore release the coaches, sponsors, volunteers and club executive from all liability, and I waive, as against the said coaches, sponsors, volunteers and Lower Island Youth Soccer Association Board of Directors, all claims of any kind whatsoever that I might have for any and all illness, injuries and/or losses suffered or sustained by the said player through participation in activities of the Select Soccer League.

I accept that my player's photograph may be used on the LISA website to promote the programmes of the Lower Island Soccer Association (LISA).

Signed: _____ Date: _____