



Registration Form:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

E-Mail: _____

Parent/Guardian Name: _____

Allergies or physical restrictions: _____

\$100 will hold your spot. Balance due 1 week prior to first day.

Please make checks payable to Rochester Soccer Academy

_____ Keeper Academy, Summer 2009 (\$225)

_____ Finishing Academy, Summer 2009 (\$225)

Amount: \$ _____ Check # _____

T-shirt size (*shirts are adult sizes*)

Small _____ Medium _____ Large _____ Extra Large _____

How did you hear about this academy:

___ RESA Staff ___ My Coach ___ Word of Mouth ___ Website

___ Email Newsletter ___ Newspaper Ad ___ SuperCoups Ad ___ Not Sure



Parent or Guardian Consent:

In consideration for allowing my son/daughter to participate in the Rochester Soccer Academy, I as his/her parent/guardian, represent and affirm to the Rochester Soccer Academy that:

Medical Attention: I understand that the Rochester Elite Soccer Academy, including its officers and staff, does not offer a comprehensive medical insurance plan. I have checked with my family policy to ensure that the participant is properly insured at this clinic. In the event of a medical emergency, I hereby give permission to the physician and procedures selected by the facility to provide medical attention, transportation and emergency medical services as warranted during participation of this soccer clinic. My son/daughter is in good health and has no physical condition that would prevent him/her from participation in the camp.

Waiver & Release of Liability: I am fully aware and appreciate the risks associated in the participation in a soccer event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and losses. I further agree on behalf of myself, my heirs and personal representatives that the Rochester Elite Soccer Academy, including its officers and staff are not liable for injury, loss of limb or other loss or damage occurring as a result in participation in this camp/clinic/event.

Photos: I give the Rochester Elite Soccer Academy, including its officers and staff permission to use clinic/camp/academy photos in which my child may appear on their web site or other published materials.

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____

**Send to:
Rochester Soccer Academy, 1074 High Vista Trail, Webster, NY 14580**

(Call Brian Elniski at 585-737-7113 with any questions.)