

## Winter Clinic Participation Form Heritage Soccer Club

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Player Information:							
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First Name	Last Name	Birthdate	M/F				
Last League or Team Played fo	or:						
Emergency Contact Info	rmation during the Soccer Clinic:						
Name	Cell Phone	() Additional Phone					
Parent/Guardian Informa	ation:						
First Name	Last Name	Last Name					
Email	() Cell Phone	() Additional Phone					
Parent/Guardian Permis	sion to participate:						
I, the parent/guardian of the above-named player, a minor, hereby give permission for the player to participate in Heritage Soccer Club's Winter Clinics.							
intending to be legally bou Solutions LLC, the owners respective directors, office	elf and the player and our respective heir and, hereby release and indemnify Herita as and operators of the facilities used for the ers, employees, agents, and representatives ses of action arising out of or in connecti	ge Soccer Club, Soccer T ne tryouts and each of the res from and against all cl	raining ir aims,				
Print Name or Parent/Guardian	(over age 18) Signature	Date					