

Youth Soccer Program Registration

Miami School of Soccer

Field location: 16601 NE 15th ave. North Miami Beach, FL33162
www.miamischoolofsoccer.com. miamischoolofsoccer@gmail.com
Phone (305)934-1461.

Child Name: _____ Gender: _____
D.O.B.: _____ Age: _____
Address: _____

Parent name and email: _____

Phone: _____

PARENTAL RELEASE

I acknowledge that I am aware of risks and hazards connected with the soccer program, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or my child. I acknowledge that My Child's participation in the soccer Program is purely optional and that My Child is freely and voluntarily participating, despite any such risks and hazards. I acknowledge that My Child has no physical condition that would prevent him/her from safely participating in these activities. I give my consent for emergency medical treatment rendered to My Child in the event of injury or illness and agree to be responsible for all costs associated with My Child's transportation and treatment. I acknowledge the risk that My Child may have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions or diseases does exist, and that it is impossible to eliminate the risk that My Child could be exposed to

I acknowledge and agree that I will not allow My Child to participate in the Program in the case of My Child or a close contact of My Child (such as parents or siblings) has been tested positive to Covid19 or experienced any of the following symptoms: fever (temperature of 100.4°F or higher) or chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea, or vomiting, and/or diarrhea.

I understand that the Miami School of Soccer (Futsal Academy, LLC.) retains the right to use, for publicity and advertising purpose photographs of players taken at the school or any event.

I certify that I will (or any member of the family or authorized person) be present at the soccer classes.

PRINT PARENT FULL NAME: _____

Signature: _____ Date: _____