



NHB Futbol Club

Winter Academy Registration Form

Player Information

Full Name: _____
Last *Age* *T-shirt size*
(YS, YM, YL, YXL, AS, AM)

Address: _____
Street Address *Phone Number*

_____ *City* *State* *ZIP Code*

E-mail Address _____

Academy Information

Please fill out the following player information:

Playing experience

- 0-1 Year 2-4 Years 5+ Years

Gender

- Female Male

How did you hear about the Academy?

- Newspaper Website e-mail
 Friend Banner Flyer
 Other _____

Liability Waiver and Consent for Medical Treatment of Minor

I, the Parent/Guardian of the player named hereon acknowledge that participation in the sport of soccer, as in any sport, may result in injury. The undersigned Parent/Guardian therefore releases the NHB Futbol Club, Inc., its teams, agents, officers, coaches, and players from all liability and responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, guardians, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities with the club or one of its teams.

I, the Parent/Guardian of the player named hereon give my consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the player.

Name (Parent/Legal Guardian)

Signature

Date

Please sign and complete the form and mail along with a check made payable to NHBFC to the following address:

NHB Winter Academy
PMB 158
18685 Main Street #A
Huntington Beach, CA 92648-1719