

SPRING FUTSAL SEASON

Be creative, Learn and Have fun



Registration Form

Participant's Full Name	
DOB	
Age	
Parent/Tutor Full name	
Address	
Mobile No.	
Email Address	
Soccer experience	Circle one Yes or No How many years/months?
Futsal experience	Circle one Yes or No How many years/months?

Futsal training may require participation of two or more different age groups based on soccer experience or skills.

Initials: _____

By Signing below, you are acknowledging that you have read and agree to the terms and conditions on the "important information page".

Parent Signature: _____ **Date:** _____

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WAIVER

In enrolling at Chheo Futsal training, tournament or league, the undersigned responsible adult or parent/guardian hereby irrevocably and unconditionally release and waive all claims of any nature now and hereafter existing whether known or unknown against Junction K-8, Balance Futsal Club, Livermore School District and their owners, employees or agents.

Participation in Futsal exposes participant to risks of serious bodily injury, including permanent disability and paralysis, as well as to contract COVID-19 and or its variants. Risks may arise out of contact and/or participation with other participants, spectators, environment, falls, collisions, rough play, and other mishaps. The undersigned responsible adult or parent/guardian states that participant is in good physical condition and health to take part of this program. In addition, participant agrees to follow the rules of conduct and play set by Chheo Futsal Program. Failure to do so may result in suspension from participation.

The undersigned parent/guardian hereby certifies that he/she have completely read and understand this agreement.

Player Printed Full Name: _____

DOB: _____

Parent Printed Name: _____

Parent Signature: _____ **Date:** _____