Go-4-Gold Soccer School

Registration Form

[ ] One-on-One Personal Training

[ ] Team Academy

_____

[Date]

Player Name: _____

Address: _____

_____

Phone: _____ Emergency Phone: _____

Email Address: _____ Player Date of Birth: _____

WAIVER OF LIABILITY AND RELEASE; MEDICAL CONSENT. I understand that this clinic is for soccer players and as such, my son/daughter is eligible, is in good health, and suffers from no impairments that would limit his/her ability to participate in the soccer camp. I acknowledge that soccer activities are strenuous, can be dangerous and could possibly lead to minor or major permanent injuries including, but not limited to, head injuries, broken bones, sprains, internal injuries and other significant permanent bodily injuries, disabilities or death. Injuries might occur from the participants own actions, the negligence of others, other players, the condition of the field or equipment. As a parent/guardian of this school participant, we hereby waive, release, discharge and agree to hold harmless Go-4-Gold Soccer School, its directors, employees, coaches, trainers, the City and School District of the event in which the camp takes place or any affiliated sponsoring body, the owner of the field, any corporate affiliated organization or associated staff members. I am familiar with the sport of soccer and its inherent risks. My son/daughter will participate in the school using proper equipment. Go-4-Gold allows players to use head protective gear, such as Full 90s, and would suggest that players and parents educate themselves on their use. I understand that my son/daughter participates in the soccer training at his/her own risk and with my permission.

As the parent or legal guardian of the above name player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. The parent/guardian of the participant will maintain medical insurance for the participant. I understand that any absence or withdrawal from training, once training begins will result in a zero refund or credit. Go-4-Gold has the rights to use any photos or videos taken during the soccer training.

Print Name: _____ Signature: _____ Date: _____

PLEASE ENCLOSE YOUR PERSONAL CHECK OR MONEY ORDER ☐ CHECK AMOUNT $_____

(A 50% non-refundable deposit must accompany this application if paying by check.)

OR PROVIDE CREDIT CARD INFORMATION BELOW.

☐ VISA ☐ MASTERCARD AMOUNT $_____ *(Must pay in full; 50% is non-refundable)*

[ ] - [ ] [ ]

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Card Account Number Expiration Date Required

AUTHORIZED SIGNATURE OF CARD HOLDER _____

Make checks payable to GO-4-GOLD and mail to: GO-4-GOLD, 6571 Camden Ave., San Jose, CA 95120

Or fax with credit card payment only to: (408) 997-7714

If you have any questions contact GO-4-GOLD at (408) 997-7775