



REGISTRATION & MEDICAL RELEASE FORM

PROGRAM/CAMP: _____

DATE(S): _____

LOCATION: Pinckneyville Park Soccer Complex, Norcross, GA

Player Name: _____ Boy ___ Girl ___ Age Level: U-_____

Team Name: _____ Coach Name: _____ T-shirt size _____

Address: _____

Phone: _____ Email: _____

Parent or Legal Guardian: _____

Emergency Contact Phone(s): _____

Health Insurance Provider: _____

Player Insurance ID # _____ Insurer Phone: _____

The undersigned Parent or Legal Guardian does hereby permit the Player listed above to participate in the Norcross Soccer Association program listed above during the above listed dates, or any substituted dates. Furthermore, they agree to release, indemnify and hold harmless, the Norcross Soccer Association, Inc, its Officers and Directors, Volunteers, Director and Coaches from any liability that may arise from any activities involving the player's participation in the aforementioned program. Players participate in the program at their own risk to injury and take full responsibility for their actions on and off the fields while at the program. In case of serious injury, the undersigned instructs program officials to administer first aid on the scene and to contact emergency medical assistance at the sole expense and responsibility of the Player and/or their Parent or Legal Guardian.

Signature (Parent or Legal Guardian)

Signature (Player)

Date _____

Date _____

(For NSA Use Only)

Amount Paid _____

Check Number _____

Received By _____

Date Received _____

Mail completed form *in time to be received by the deadline* with check made payable to:

NSA
4530 South Berkeley Lake Road, Suite D
Norcross, Georgia 30071