

FC Dallas-ETX Center Of Excellence Registration Form

(Please bring this registration along with payment to 1st practice).

Athlete's Name: _____

Address: _____

Birthdate: _____ Birth year: _____

Parent or Legal Guardian: _____

Hm Phone: _____

Wk Phone: _____

Email Address _____

How did you hear about FCD-ETX ? _____

Payment Method: Check # _____ Cash

Emergency Phone &
Name: _____

Note (All participants must have this signed release.)

In consideration of, and as a condition of my child's participation in the Soccer Clinic/Camp/Center of Excellence sponsored by FC Dallas East Texas, I hereby for myself, my heirs or my child's heirs, executors and administrators, waive and release any and all rights and claims for damages for personal injury and otherwise which I may have against FC Dallas East Texas, Tyler Junior College/City Of Longview, All Saints Episcopal School, or any other hosting member organization/institution their agents, representatives, successors and assigns for any/or all claims of liability. I also certify that my child is in good physical health and is capable of participating in the above mentioned activity. I do hereby grant access to any and all media publications using flash photography, film, and any other sort of digital/print media for the use of FC Dallas East Texas marketing.

Consent of Parent or Guardian(Print Name): _____

Date: _____

Signature: _____