

MANDATORY REGISTRATION AND RELEASE FORM

NTX Celtic FC Academy



Player First & Last Name

DOB

Parents First & Last Name

Address

State

Zip

Cell Phone

Home Phone

Work Phone

Email

I, as Parent/Guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is participating in the "Training Session". In consideration of the acceptance of my child/ward's entry into the session, I, my heirs, executors, administrators and personal representatives hereby discharge, waive and release the club, its partners, sponsors, coaches, agents, employees, and owners of the facilities from any Liability, Claims, Damages or Lawsuits resulting from Personal or Physical injury to my child/ward.

I have read and understand the above-mentioned release.

Parent Signature

Date