



Soccer Rockets

Child's Name: _____

Birthdate: month/day/year: ____/____/____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work/Cell Phone: _____

Email Address: _____

Emergency Contact Name and Number:

PARENTAL RELEASE

My son/daughter is in good health and has my full permission to participate in a vigorous class program. He/she has had no previous sickness, illness, disease or bodily injury that is contradictory to participation. I fully understand that soccer is a contact sport and that physical injury may occur during the course of practice or game. I acknowledge that Soccer Rockets may use photographs which include my child as part of its normal marketing practices, including the Soccer Rockets newsletter and website. I also understand that Soccer Rockets Organization is not responsible for the loss of any personal items.

Signature _____

Date _____