



**FOX SOCCER ACADEMY
PRIVATE TRAINING REGISTRATION FORM**

PLAYER INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____

Zip: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

Parent/ Guardian (s): _____

D.O.B. : _____

Male/Female: _____

Team/ Club Affiliation: _____

EMERGENCY CONTACT

Name: _____

Phone #: _____

ADDITIONAL COMMENTS/ HEALTH CONDITIONS:

PARENT / GUARDIAN CONSENT AND WAIVER

In enrolling with Fox Soccer Academy, I understand that attending the programs and using Fox Soccer Academy and its facilities are doing so at his/her own risk. FSA shall not be liable for any damage whatsoever arising from injury or property loss sustained while on the premises or during the services rendered by an FSA associate. He/She fully release FSA, all associated facilities, employees, and agents from any and all claims. I, the undersigned Parent/ Guardian, grant authority to the staff at FSA to render a judgment concerning medical assistance and care in the event of accident or illness.

Parent/ Guardian Signature: _____ Date: _____

**Group Rates Available*

CALL FOR MORE DETAILS:

*Tarek Mashally
(732) 485-7392*

**PRINT AND MAIL THIS FORM, ALONG WITH PAYMENT TO:
FOX SOCCER ACADEMY
P.O. BOX 1853
NEW BRUNSWICK, NJ 08901-1853**