

# LOCKPORT SOCCER CLUB TRAINING REGISTRATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

## WAIVER

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby grant permission for him/her to participate in any and all of the activities of the Lockport Soccer Club. I agree to be legally and financially responsible, and agree to hold harmless the Lockport Soccer Club and its officers, agents and employees from any and all claims or actions arising against or in favor of my child or myself as a result of any act committed by, or event, occurrence, or accident, happening to my child. I hereby give permission for the photographs and videos of my child to be shown in promotional, informational, and website materials for the promotion of the Lockport Soccer Club.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Training

\$25

# T

**Make your check payable to  
Lockport Soccer Club.**

### **TREASURER USE ONLY:**

Amount paid \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Receipt # \_\_\_\_\_

DOB verified \_\_\_\_\_

Insurance: \_\_\_\_\_

: \_\_\_\_\_