



PORT CITY SOCCER CLUB
Spring 2012 U8 Academy !



U8 JUNIOR ACADEMY
MONDAYS, 5:15 – 6:15 at Ogden Park, starting March 5th

Registration Fees:

U8 Junior Academy.. \$45
 (6 sessions & includes t-shirt)

Total due = \$

Please make all checks / money orders payable to:

Port City Soccer
 P.O. Box 12824
 Wilmington, NC 28405

REGISTRATION DEADLINE – Monday, February 27th

Player's First Name:

Player's Last Name:

Date of Birth: Mo. Day Yr.

Gender: Male Female

Home Address:

City: State: Zip Code:

Residential Subdivision: School:

Mother's Name: **Father's Name:**

Best number to reach Mom: Best number to reach Dad:

Best E-mail for updates / cancellations / schedule changes:

Please provide an emergency contact name and phone number. This should be someone other than a parent:
 Emergency Name: Emergency Phone #:

Current Team Name: **Age Group:** **Coach:**

Please be sure to bring your own ball and plenty of drink!

T-shirt / Jersey Size : Youth Small Youth Medium Youth Large Adult Small **

**** U8 Jr. Academy will receive a t-shirt. U9 and U10 Academy will receive a jersey.**

Parental Permission / Waiver of Liability: Signature Required!

I, AS A PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER/PARTICIPANT, DO HEREBY GIVE MY APPROVAL TO MY CHILD'S PARTICIPATION IN ANY AND ALL ACTIVITIES OFFERED BY THE PORT CITY SOCCER CLUB (PCSC). I ASSUME ALL RESPONSIBILITY FOR HAZARDS INCURRED IN THE CONDUCT OF ACTIVITIES, AND ALSO THE TRANSPORTATION TO AND FROM ACTIVITIES, AND I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE PCSC, US CLUB SOCCER, THE UNITED STATES SOCCER FEDERATION AND ALL OTHERS LISTED HEREAFTER: ORGANIZERS, EMPLOYEES, OFFICERS, BOARD MEMBERS, COACHES, REFEREES, SPONSORS, SUPERVISORS, AND LANDOWNERS PERMITTING USE OF THEIR LAND FOR SOCCER ACTIVITIES, ANY AND ALL OF THEM. I FURTHER AGREE TO ABIDE BY ALL THE RULES, REGULATIONS, AND DECISIONS OF THE PCSC AND AGREE TO ACCEPT ANY DISCIPLINARY ACTION TAKEN BY THE PCSC'S BOARDS, OFFICERS, OR REFEREES. I UNDERSTAND THAT MY CHILD'S PHOTOGRAPH MAY BE TAKEN DURING EVENTS AND GAMES BY PCSC PHOTOGRAPHERS AND MAY BE PUBLISHED THROUGH VARIOUS PCSC AFFILIATED MEDIAS INCLUDING, BUT NOT LIMITED TO, THE PCSC WEBSITE, CLUB NEWSLETTERS, AND PCSC BROCHURES. IN CASE OF ANY INJURY TO MY CHILD, I WAIVE ALL CLAIMS AGAINST THE PCSC, ORGANIZERS, SANCTIONING BODIES, COACHES, SPONSORS, LANDOWNERS OR ANY OF THE SUPERVISORS APPOINTED BY THE PCSC.

Please list any medical concerns (including contact lenses):

BY SIGNING BELOW, I AGREE TO AND UNDERSTAND ALL OF THE ABOVE:

Signature of Parent/Guardian: _____