



ALOHA SOCCER SCHOOL

Registration Form 2023-2024

Player's Name		First Name	Last Name	Middle Name
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Class	<input type="checkbox"/> MON:U6-U8 (2016, 2017, 2018) <input type="checkbox"/> TUE:U9-U10 (2014, 2015) <input type="checkbox"/> WED:U9-U10 (2014, 2015) <input type="checkbox"/> SAT:U12-U13 (2011, 2012)	<input type="checkbox"/> MON:U11-U12 (2012, 2013) <input type="checkbox"/> WED:U7-U9 (2015, 2016, 2017) <input type="checkbox"/> FRI: U11-U12 (2012, 2013)		
Home Address				
E-mail Address				
Home Phone				
Mother's Name		Cell Phone		
Father's Name		Cell Phone		
Emergency Contact's Name		Telephone Number	Relationship	
Physician's Name and Telephone Number (in case of emergency)				

Check the box.

I read "Outline and Rules 2023-2024" thoroughly and agreed our rules.

DISCLAIMER AND CONSENT FOR MEDICAL TREATMENT AND MEDIA

I certify that my child is in good physical health and has my permission to participate in all activities of the ALOHA SOCCER SCHOOL. I acknowledge that soccer is a strenuous activity and that it poses some inherent risk of injury. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I waive all claims of liability against the ALOHA SOCCER PROJECT and ALOHA SOCCER SCHOOL, their directors, officers, coaches, staff, sponsors and associated volunteer members.

I consent and give permission to ALOHA SOCCER PROJECT and/or ALOHA SOCCER SCHOOL and/or Rika Nakamura to photograph my child and the right to publish such photographs for the purpose of promoting their activities in any form but not limited to, print, electronic, video, and internet. Furthermore, I voluntarily waive all rights to such photographs, including compensation, copyright and privacy rights.

Parent Signature

Signed Date

