

**SOCCER  
MAINia**  
Registration Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ (parent work, cellular, etc.)

E-mail: \_\_\_\_\_

**Parental Consent Waiver**

I, \_\_\_\_\_, grant my child \_\_\_\_\_ permission to participate in SoccerMainia Soccer Academy scheduled for \_\_\_\_\_ (dates) in \_\_\_\_\_ (location). I understand that this class is for soccer players and as such, my son/daughter is eligible to participate. I acknowledge that soccer activities are of a strenuous physical nature that do pose some inherent risk of injury. As parent/guardian of this participant, I waive all claims of liability against SoccerMainia Soccer Academy, its directors and employees, the city of San Jose, or any other affiliated sponsoring body, corporate affiliated sponsoring body, corporate affiliate, or associated staff members. My son/daughter will participate in the Academy using proper protective equipment, and he/she does so at his/her own risk with my permission. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. I understand that any absence or withdrawal from classes, once a session of classes begins will result in a zero refund or credit. SoccerMainia has the rights to use any photos or videos taken during Academy activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Please enclose your personal check or money order.  
Make checks payable to **SoccerMainia, Inc.** and mail to:  
820 Plaza Drive, San Jose, CA 95125  
If you have any questions, please contact SoccerMainia at (408) 893-4611

**Without this completed form being turned in, your child cannot participate.**