



# Academy Registration Form Derby City Rossoneri



Player Last Name \_\_\_\_\_ Player First Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_ Male  Female

Shirt Size: Youth Small  Youth Medium  Youth Large  Adult Small

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Cost: \$10 [for Academy Training Shirt to be worn at all training sessions]

Mail registration form and check to:

DCR Soccer  
13005 Trump Ave  
Louisville, KY 40299

Email [dcrsoccer@gmail.com](mailto:dcrsoccer@gmail.com) for any questions.

### Consent for Medical Treatment and Liability Waiver

I, the parent/guardian of the registrant, a minor, agree that I recognize the possibility of physical injury associated with soccer and in consideration of Derby City Rossoneri (DCR) accepting the registrant for its Academy, I hereby release, discharge and/or otherwise indemnify DCR, and its volunteers, associated personnel, including owners of fields and facilities used for Academy, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Academy.

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_