

Panthers United Soccer Association

Winter 2008/2009 U-8 Academy Program

www.panthersusa.org



Please send this Registration form along with a check for \$75 payable to
Panthers USA
PO Box 3155
York, PA 17402

Player's Name: _____ Grade: _____ Sex: _____

Best estimate of prior playing experience: _____ years Birth Date: _____

Street Address: _____ City: _____ Zip: _____

School Name & District: _____

Specific City, Township, or Borough of Residence: _____

Home Phone: _____ email address: _____

Emergency Contact: _____ Phone: _____

Training Shirt size (circle one) Youth Small / Youth Medium / Youth Large / Adult Small

Parent(s) Name(s): _____

Special Medical Concerns (allergies, asthma, etc.): _____

Release: In consideration of my child being given the opportunity to participate in soccer activities, I, on my behalf and on behalf of my child, hereby release Panthers United Soccer Association, all of its officers, directors, coaches and volunteers from any and all responsibility for injury or property damage that my child or I may suffer in connection with my child's participation in PUSA soccer. In the event my child is injured during any soccer activity I hereby give permission for my child to receive any needed medical treatment. I understand that by signing this document that I am giving up certain legal rights that my child and I may otherwise have and I do that knowingly and willing. This release shall be binding on my heirs and successors. I furthermore give Panthers USA permission to use my child's photograph on their website.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Refund Policy: Individuals who request a refund from Panthers USA are entitled to do so provided they notify Panthers USA **in writing** by April 1, 2008. Address: PO Box 3155, York PA, 17402. Individuals not attending any Academy training sessions are entitled to a full refund, less the cost of the Academy training shirt. **No exceptions.**