



Registration Form

Trainer: Ekrem Maglajlija

Tel: 689-2018

Registration:

Player Name: _____
Surname *Given name*

Date Of Birth: _____
Month *Day* *Year*

Address: _____
Number *Street* *City* *Postal Code*

Phone: _____

e-mail address:

Parent Names: _____

Consent and Waiver

The registered participant and parents/guardians hereby agree that the ASAP Soccer Program will not be held responsible for any accidents or loss however caused, and agree to release all instructors, staff and sponsors from all claims or damages which may arise as a result of/or by reason of such accidents or loss.

Date: _____ Signature: _____

Completed form can be given to Ekrem or e-mail form to ekrem@novuscom.net