



Valley Association Football Club

Roanoke, Virginia

Developmental Goalkeeper Training - Registration Form (Ages: 8-11 & Beginners)

Dates: Saturday, August 7th – 10:00 am – 6:00 pm

Location: Faith Christian School: 3585 Buck Mountain Road, Roanoke

Cost: \$100.00

Director: John Faircloth, NSCAA Advanced National Goalkeeper Certification

Player Name: _____ Gender: _____

Age (as of Aug 1st): _____ Date of Birth: _____

Parent's Name _____

Street Address: _____

City _____ VA, Zip: _____

Phone Numbers (H): _____ (W): _____

(Cell): _____

E-Mail: _____

LIABILITY RELEASE AND CONSENT FOR MEDICAL TREATMENT

As the parent or guardian of the player enrolled in Valley AFC's Soccer School program, I understand that soccer is at times a physical, contact sport. I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Valley AFC, Inc. and its directors, employees, and staff from any claim, suit, demand or action arising in connection with the player's participation.

Personal medical insurance is required. If the player requires medical attention, every effort will be made to contact the player's parent/guardian or emergency contact. In the case of an emergency the player may be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Valley AFC, Inc. for medical services provided.

I have read and accept the Valley AFC Policy Statement above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Mail registration form and payment made payable to 'Valley AFC' to:
P.O. Box 20045, Roanoke, VA 24018