



ZURDO SOCCER ACADEMY

Application 2021-2022

(\$10 PER APPLICATION)

Player Name				Gender (Circle the one that applies)	M / F
Date of Birth		Mobile		Do you have any experience?	YES / NO
Parent or Guardians Names					
Address				City	
State		Zip Code		Email Address	
Emergency Contact				Emergency Phone Number	

IMPORTANT NOTES

- PLAYERS, PLEASE DRESS ACORDINGLY AT ALL PRACTICE SESSIONS
- DO NOT FORGOT WATER OR YOUR MASKS
- PLEASE ENROLL TO OUR TEAMSNAPO FOR GAME UPDATES
- ¿QUESTIONS? VISIT OUR WEBSITE ↴

WWW.ZURDOSOCCERACADEMY.COM

MONTHLY PAYMENTS

ZURDO SOCCER ACADEMY'S monthly charge is that of \$70 apart from league and tournament fees that we may participate in. By signing this form, I acknowledge my responsibility as a parent to pay all fees required. This form is also a contract and a full year registration and agreement for the child listed above.

FORMS OF PAYMENT:

CASH	CHECK	ZELLE: 240-205-5283	CASHAPP: GERBERACHEVEZ
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¡PLEASE BE PUNCTUAL IN PAYING YOUR MONTHLY FEE TO AVOID ANY SETBACKS OR A LATE FEE OF \$25!

COVID

WE ARE TAKING ALL MEASURMENTS NECESSARY AND FOLLOWING ALL GUIDELINES PROVIDED BY MONTGOMERY COUNTY TO MAKE SURE OUR PLAYERS ARE STAYING HEALTHY WHILE PARTICIPATING IN OUR ACTIVITIES. BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT COVID-19 IS A ON GOING AND GLOBAL PANDEMIC AND ME AND MY CHILD CAN STILL RUN THE RISK ON BEING INFECTED.

PRINT FULL NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Payment Day: _____



ZURDO SOCCER ACADEMY WAIVER

I am the parent and/or legal guardian of _____

I give legal authorization to my child (minor) participating in any activities with Zurdo Soccer Academy. I agree that neither my minor child nor I will make a claim against, sue, or prosecute Zurdo Soccer Academy and its agents, sponsors, and employees for any of the following events such as death, personal injury, or damages in which my minor child could suffer as a result of participation. This release is to free Zurdo Soccer Academy and its agents, sponsors, and employees in advance from and against all liability, including for negligent actions, in any way. In addition, I understand that soccer involves physical contact between players, that from time to time and serious accidents/incidents may occur during this type of sport, and that participation in this activity/sports, can suffer serious personal injury (including death) and or damage to property knowingly of the risks, I hereby release and hold Zurdo Soccer Academy and its agents, sponsors, and employees harmless of all mentioned above including any (negligence or carelessness) I attest that I am (18) years of age or older, and that my child is in good physical condition and has no medical problems or conditions that prohibit participation in this sport. My son and I agree to abide by all laws, rules, and guidelines governing the conduct of Zurdo Soccer Academy. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of responsibility for me and my child a contract between myself, my son and Zurdo Soccer Academy and their agents, sponsors, and employees, and I have signed this form on my own personal account.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

