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Registration Information

| First Name: | Last Name | Home Phone | |
|--|--|---|--|
| Address | | Work Phone | |
| City | State Zip Code | Cell Phone | |
| In Case of Emerge | ncy contact Person name | | |
| Cell Phone of Hom | ne Phone | | |
| Email address | | | |
| | Female | Male | |
| | Date of Birth | | |
| | Parent's Name | | |
| | How o | did you Heard about Us | |
| | | | |
| | | | |
| | Reg | gistration Agreement | |
| own risk. Futbol5 and its property loss sustained b responsibility for all injur release discharged hold h damages or rights of action he/she agree(s) to follow I the undersigned parent medical assistance or hos | owners, employees or agents, shally participant with his/her family in ies and damages which occur in or armless Futbol5, all associated factor, present or future resulting from the rules of conduct and play set by or guardian/participant does her pital care in the event of an accide graphs, pictures or other likeness or | e attending the programs and using Futbol5 and the fall not be liable for any damage whatsoever arising from or about any programs on the premises. Participants rabout any programs on the premises. He/ She does lilities and its owner, employees, and agents from any many person's participation in any programs or use of y Futbol5. Failure to do so may result in suspension from the program authority to the staff at Futbol5 to render that or illness during my absence. I do hereby authorize of me or anyone assigned guardianship to me, as they | m any personal injury or and parents assume full hereby fully and forever and all claims, demands, the facility. In addition, n participation. Consent: a judgment concerning Futbol5 and its assign to |
| Player's name | | | |
| Signature of parent/gu | ardian: | Date: | |