



www.teamohiofc.com

TEAM OHIO FC JUNIORS PROGRAM REGISTRATION

Name

Address

City

State

Zip

Home Phone

Age

Date of Birth

Cell Phone

E-mail Address

MEDICAL WAIVER and PARENTAL AUTHORIZATION INFORMATION

I approve of my child's attendance at the Team Ohio FC Juniors Program and certify that he/she is in good health and able to participate in the program's activities. In the event of an emergency I grant permission for my child to be given the required medical attention at the nearest hospital. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my child.

Parent / Guardian Name

Emergency Phone Number

Insurance Company

Policy Number

In further consideration of the Team Ohio FC Juniors Program accepting this application, I/We hereby agree to save and indemnify and keep harmless Team Ohio FC, its agents and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant of the Team Ohio FC Juniors Program.

Parent/ Guardian Signature

Date

Please complete registration and liability release forms and bring to first program session.

The Team Ohio FC Juniors Program is Free to Dublin Residents and has a One-Time Fee of \$25.00 for Non-Dublin Residents. Please make check payable to Team Ohio FC and bring with registration form to first program session.