Signature of person whose printed name appears above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk andWaiver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,2021

PLAYER’S NAME

DATE OF BIRTH

T-SIRT SIZE (ADULT) S / M / L / XLG (YOUTH) S /M / L / XLG

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL

FATHER’S NAME

WORK PHONE

CELL PHONE

FATHER’S E-MAIL

FATHER’S NAME

MOTHER’S NAME

WORK PHONE

CELL PHONE

MOTHER E-MAIL

**BRAZUSA / HAGAMOSLO** 

**SPAIN**

**TRAINING & TRY-OUTS**

**ATHLETE REGISTRATION FORM**

**MARCH 12TH – 27TH**