

John Gaspar Academy Developmental Program

2018-2019 Registration/Waiver





Name of Participant:	Date o	f Birth/ Pho	oneSchool	Grade Male	_Female
Address:	City:	Zip:	if applicable Special Medical needs: _		
Father's Name	Phone	Mother's Name	Phone	E-Mail	
Are you rostered with a Club?	If so, what Club?	Team nan	neBoys or Girls?	Coaches name	
	Have you played	for JGSA previously?	What team?		
You ma	as Academy). It is the player's parents or events, player, player's parents or events at the By participating in sports or events e game of soccer that my result not a dagree that the Academy will not a and accept personal liability for a for. Player, player's parents and player, player's guardians being presented to or player's guardians being presented to any activity. The player of the player's guardians being presented to any activity. The player of the player's guardians being presented to any activity. The player of the player's guardians being presented to any activity. The player of the player's parents and player's guardians being presented to any activity.	rents or guardian's responsibility to nts, or guardians hereby acknowled a Academy. The Academy is not res its at the Academy or other locations not only from the player's actions, bu be held responsible or liable for any ny of the above. Player, player's pa nyer's guardians agree to not sue or ed with the Academy. If player is inj sent, health care decisions on behale	nents, problems, or conditions that would preve ensure that the player has medical insurance in ge that the player has had a physical examinatio ponsible or liable for player's illnesses, diseases i, player's parents or guardians hereby acknowle t also from other people or other objects. By par i negligence, intentional actions, injury, or other rents and player's guardians hereby agree to inc bring any other action, in law or equity, in the co jured during any sports or events at the Academ	a full affect. Academy will not be held on in the past year and is free from an an ail the past year and is free from an an active the second of the free from an active tricipating in sports or events at the Arrisks that the player may incur. Additionally and hold harmless the Acade buts or in any administrative proceed by, player's parents and player's guarder's guardians hereby agree to hold here. Date	responsible or liable for any y illness, disease, ailment, or rents that occur due to e and potentially dangerous cademy, player, player's itionally, player, player's my and its successors and ling, against the Academy, dians hereby agree to allow harmless and indemnify the
1st Player One Trainin 2nd Player One Trainin 3rd Player One Trainin Attn: T John Gaspar Soccer Academy	ng Program 15 Hrs. ng Program 15 Hrs. ng Program 15 Hrs. The 4th youn to secure a Training spot on 412 E. Moneta Av. Peoria He I am signing up as a	Tuesday or Sunday \$2. Tuesday or Sunday \$1 Tuesday or Sunday \$1 gest player is free Attn any group the a waiver and geights III. 61616 for more info Individual for Training on S y: Check #Amount	20 Two Training Programs 29 90 Two Training Programs 29 40 Two Training Programs 29 10 Two Training Programs 29 11 The Youngest family player 12 Suyment/s must be turned in by the December at (309) 397-19 12 Sun Mon Tue Wed Fri 13 Sun Fri Or Team training_	Hrs. Tuesday & Sunda Hrs. Tuesday & Sunda Hrs. Tuesday & Sunda ad-lines into the 9209 E-Mail (john@gasparaca	y \$260 y \$200 demy.com)