



www.OSullivanSoccerAcademy.com  
(415) 497-8164 Email: TheOSullivanSoccerAcademy@gmail.com

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Parent's email: \_\_\_\_\_

List any medical conditions or restrictions: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor to notify in an emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Current/Last team played on: \_\_\_\_\_ Age Group: \_\_\_\_\_

Skill Level: \_\_\_\_\_ Referred by: \_\_\_\_\_

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I, the parent/guardian of the above named player, agree that the player and I will abide by the rules and regulations of the U.S. Youth Soccer (USYS) and its affiliated organizations. I hereby release, discharge and otherwise and indemnify and hold harmless the USYS, the WMYSL and affiliated parties, the owners and operators of the facilities used for the program and their respective directors, officers, agents and representatives, Fiona O'Sullivan, Maureen Healy, and Aidan O'Sullivan from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in O'Sullivan Soccer Academy. As the parent of legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of my dependent. The parent/guardian allows O'Sullivan Soccer Academy to take and use pictures of my child taken at O'Sullivan Soccer Academy sponsored events. City of Novato, City of Novato Successor Agency to the dissolved Novato Redevelopment Agency, City of Novato Public Finance Authority and their respective Officials, Officers, Agents, Employees and Volunteers. All Rights Reserved.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_