



17th Annual OSULLIVAN SOCCER ACADEMY



2020 FUTSAL APPLICATION

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: _____

Bring Your Own: Soccer Ball, Water Bottle, Lunch, Shinguards, and Cleats

Make check payable to: O'Sullivan Soccer Academy

Mail to: O'Sullivan Soccer Academy, PO Box 129, San Geronimo, CA 94963

Check # _____	Total \$ _____
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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: _____