



Individual & Group Soccer Session Form

Player Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____

E-mail _____

YES / NO, I want to receive E-mail newsletter with periodic updates and discount

Birth Date _____ Male _____ Female _____

Club Name _____

Insurance Carrier _____ Policy Number _____

I, _____ grant my child, named above, permission to participate in individual and/or group soccer lessons held by Brazil Soccer USA. I understand that these lessons are for soccer players, as such, my son/daughter is eligible to participate. I waive all claims of liability against Brazil Soccer USA and Gerhard Benthin, its directors, and employees, the city of the event, or any other affiliated sponsoring body, corporate affiliated sporting body, corporate affiliate, or associate staff members. My son/daughter will participate in the program/lessons using the proper protective equipment, he/she does so at his/her own risk with my permission. As the parent or 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 conditions are necessary to preserve life, limb or well being of my dependent. Brazil Soccer USA has the right to use any photos taken during the camp.

Signature _____ Date _____

Gerhard Benthin, Technical Director
2210 Clark Lane, Apt. 1, Redondo Beach, Ca 90278
Tel/Fax 310.937.3322/Email info@brazilsoccerusa.com