

Please Mail Form To:

Granite FC Academy
60 Zephyr Lake Road
Greenfield, NH 03047

Player Name: _____

Player Age: _____ Player DOB: _____

Parent Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Please circle: Male or Female

C.O.E. NIPPERS PROGRAM (Ages 4-5) includes five weeks of training sessions.

Program cost: \$10.

C.O.E BECKHAMS PROGRAM (Ages 6-7) includes five weeks of training sessions.

Program cost: \$10.

Parents: *Would you like to help with the Tots or JA Program?* Yes or No
Do

 *Please Make Checks Payable to: Granite FC*

**GRANITE FOOTBALL CLUB
ELITE UK SOCCER TRAINING, LLC
INDEMNIFICATION**

The undersigned parent or legal guardian and player hereby acknowledge that the game of soccer can cause serious injury and such undersigned hereby assume the risk of such possible injury. The undersigned also hereby agree to indemnify and hold harmless the above mentioned entities., it directors, coaches, employees, trainers, agents, and representatives from any loss, damage, award, judgment, or other liability, however characterized, including attorney fees, resulting from injury, or damage to the property or person of the undersigned player, his or her parents, or legal guardian, resulting directly or indirectly from such player's participation in any soccer practices, soccer games or other soccer event.

Date

Parent or Legal Guardian