

Oscar Galvis Goalkeeper Academy

Application 2016

Check Session you would like to enroll in:

____ July 11 – 15 Sloatsburg Community Field U12 – U14 6:00 – 7:15 pm / U9 – U11 7:30 – 8:45 pm - \$220

____ July 25 – 29 Sloatsburg Community Field U13 – U15 6:00 – 7:15 pm \$220

____ August 15 – 19 Sloatsburg Community Field U15 and up 6:00pm – 7:15 pm \$220

Child'S Name : _____ Date of Birth: _____ Male/Female: ____

Parent/Guardian Name _____ Email: _____

Home Phone: _____ Parent Cell Phone: _____

Address: _____

T-Shirt Size (please circle): Y/S Y/M Y/L A/S A/M A/L A/XL

Please Make Checks Payable to Oscar Galvis

Mail to: Oscar Galvis P.O Box 278 Tuxedo, NY 10987

Emergency Contact: _____ Emergency Contact Phone: _____

Insurance Company: _____ Policy # _____

Medical Conditions:

Allergies:

Consent for Medical Treatment:

I the parent/legal guardian of the above named child do hereby give my approval and permission to his/her participation in the Oscar Galvis Goal Keeper Academy give my approval and permission to his/her participation in the Oscar Galvis Goal Keeper Academy program. I assume all risks and hazards incidental to such participation and I hereby waive, release, absolve, indemnify and agree to hold harmless The Oscar Galvis Goalkeeper Academy, the organizers, employees, sponsors, supervisors and participants, for any claim arising out of an injury to my child. I hereby give my consent for all medical treatment prescribed by a duly licensed Doctor of Medicine for the above named child. This care may be given under whatever conditions are necessary to preserve

Parent/Legal Guardian Signature: _____