

**Newport News F.C. Developmental Program
Registration and Participation Waiver**

Full Name of Player _____

Date of Birth _____ Phone Number _____

Mailing Address _____

E-Mail Address _____

My child is in good normal health and has my permission to participate in all training and tryout activities. In addition, I authorize Newport News F.C., Inc. to act for me in securing medical treatment in the event of an emergency, illness or injury. Newport News F.C., Inc. and/or its staff members assume no responsibility and will not be held liable for any accident resulting in medical, dental, or other expenses. Each participating child is required to have personal medical coverage and understands the risks involved in playing competitive soccer.

Parent's Signature _____ Date _____

Child's Name _____

In case of emergency contact:

Name _____

Relationship _____ Phone # _____