



ARSENAL & BFUT FC TRYOUT REGISTRATION FORM
August 30th, 2009.

Player: _____
Parent/Guardian: _____
Address: _____ City: _____ Zip: _____
E-Mail: _____ Home Phone: _____ Work Phone: _____
Emergency Phone: _____ Player's age: _____

2009 Age Group

U13 12 -13 years old _____ U15 14 - 15 years old _____ U17 16-17 years old

- One Time registration fee \$ 65.00
- BFUT practice t-shirt size ___ YL___ S___ M___ L___ XL

MEDICAL RELEASE AND CONSENT FORM:

I approve of my child being at the BFUT Instituto Brasileiro de Futebol BFUT School and of him/her participating in the activities disclosed on our website www.bfut.net. I certify that my child is in good health and has my permission to participate in all camp activities. I understand that soccer is a contact sport and that injuries may occur. By signing below, I hereby assume any and all risks, which are incumbent with any excursion of the program, and extracurricular activities in which my child might participate, with the realization that these activities may subject him/her to personal bodily injury or property damage risks. I am aware that certain dangers may occur including, but not limited to, physical contact with other individuals and/or athletic equipment and facilities which may result in cuts, abrasions, sprains, concussions, and fractures. Being fully aware of these dangers, I nevertheless, voluntarily choose to allow my child to participate in soccer camp and I assume all risks therefore. I authorize the staff of the BFUT Instituto Brasileiro de Futebol BFUT School to act for me according to their judgment in an emergency requiring medical attention, including treatment by physicians. I so hereby release, acquit, and forever discharge the BFUT Instituto Brasileiro de Futebol, Thadeu Goncalves, and all the employees and/or agents of the BFUT Instituto Brasileiro de Futebol who plan, direct, or otherwise, participate in the before mentioned program, and from all actions, accounts of any and all injury, directly, or indirectly sustained by my child as a consequence of his/her participation in the above mentioned camp program. I will be responsible for any medical or any other charges in connection with attendance at camp. I have read and understand the foregoing assumptions of risk and release document, and I do freely accept its terms.

Health Insurance Company Name:
Policy #

Please email or fax your registration form and payment receipt to:
info@bfut.net
Fax # 1 866 919 2388
or bring them to the tryout site.
Invoiced payment online available, by request.

Parent's/ Guardian's Signature
Date ____/____/____.