



# Hawaii 808 Soccer Club

## Clinic Registration Form

Please mail completed application with payment to:  
808 Sports Academy LLC, P.O. Box 112 Honolulu, HI 96810

First Name		Last Name	
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent or Guardian name	Parent phone number		
Email	Additional phone number(s)		
Emergency contact and phone number			
Physician's name and phone number (in case of emergency)			
Where did you hear about the clinic?			
<b>* Clinic attendees must bring their own ball, lunch, snacks, sunscreen, and plenty of water.</b>			
<b>** Clinic will be held rain or shine. No refunds, sorry.</b>			

### DISCLAIMER AND CONSENT FOR MEDICAL TREATMENT

I certify that my child is in good physical health and has my permission to participate in all activities of 808 Sports Academy. I acknowledge that soccer is a strenuous activity and that it poses some inherent risk of injury. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I waive all claims of liability against 808 Sports Academy LLC, the 808 Soccer Clinic, their directors, employees, sponsors, owners and associated staff members.

Parents signature \_\_\_\_\_

Date \_\_\_\_\_