



**FOX SOCCER ACADEMY  
GOAL KEEPER TRAINING REGISTRATION FORM**

**PLAYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Parent/ Guardian (s): \_\_\_\_\_

D.O.B. : \_\_\_\_\_

Male/Female: \_\_\_\_\_

Team/ Club Affiliation: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**ADDITIONAL COMMENTS/ HEALTH CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/ GUARDIAN CONSENT AND WAIVER**

In enrolling with Fox Soccer Academy, I understand that attending the programs and using Fox Soccer Academy and its facilities are doing so at his/her own risk. FSA shall not be liable for any damage whatsoever arising from injury or property loss sustained while on the premises or during the services rendered by an FSA associate. He/She fully release FSA, all associated facilities, employees, and agents from any and all claims. I, the undersigned Parent/ Guardian, grant authority to the staff at FSA to render a judgment concerning medical assistance and care in the event of accident or illness.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***CALL FOR MORE DETAILS:***

*Tarek Mashally  
(732) 485-7392*

**PRINT AND MAIL THIS FORM, ALONG WITH PAYMENT TO:  
FOX SOCCER ACADEMY  
P.O. BOX 1853  
NEW BRUNSWICK, NJ 08901-1853**