



# Brazilian Soccer Academy

13034 Shadyside Lane, Suite A  
Germantown, MD 20874  
U.S.A.

Phone: 301.257.0411  
www.braziliansoccerstyle.com  
info@braziliansoccerstyle.com



POLICY NUMBER \_\_\_\_\_

(Health insurance card copy and passport copy required with this application form.)

EMERGENCY CONTACT NAME & PHONE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ANY MEDICAL CONDITIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

SOCCER IS A PHYSICAL SPORT WHICH MAY RESULT IN INJURIES. BY YOUR SIGNATURE, YOU AGREE TO ALLOW YOUR CHILD TO PARTICIPATE IN THIS PROGRAM. BRAZILIAN SOCCER ACADEMY, ITS AGENTS & EMPLOYEES & OFFICERS ARE RELEASED AND DISCHARGED FROM ALL CLAIMS, DEMANDS, ACTIONS, JUDGMENTS WHICH THE UNDERSIGNED'S HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNEES MAY HAVE OR CLAIM AGAINST BRAZILIAN SOCCER ACADEMY, FOR ALL PERSONAL INJURIES KNOWN OR UNKNOWN, AND INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY OR ARISING OUT OF THE AFOREMENTIONED SPORTS ACTIVITIES OR ANY OTHER ACTIVITIES WHICH ARE INCIDENTAL OR NECESSARY THERETO. THE UNDERSIGNED AUTHORIZES BRAZILIAN SOCCER ACADEMY, ITS EMPLOYEES AND OFFICERS TO ARRANGE FOR ANY EMERGENCY MEDICAL CARE OR TREATMENT FOR THE ENROLLED CHILD WHICH MAY BE REQUIRED AS A RESULT OF PARTICIPATING IN THE AFOREMENTIONED ACTIVITIES AND AGREE TO HOLD THE CAMP, EMPLOYEES, OFFICERS, FREE AND HARMLESS FOR ANY CLAIMS, DEMANDS OR SUITS FOR ANY INJURY OR COMPLICATIONS WHATEVER WHICH MAY RESULT FROM SUCH TREATMENT. THE UNDERSIGNED, HAS READ THIS RELEASE, UNDERSTANDS ITS TERMS AND EXECUTES IT VOLUNTARILY & WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PLAYER AND PLAYER'S PARENTS OR GUARDIAN AGREE THAT BRAZILIAN SOCCER ACADEMY SHALL HAVE THE RIGHT TO TAKE OR CREATE PHOTOGRAPHS (WHETHER STILL, MOTION OR TELEVISION) AT ANY TRAINING OR MATCHES. PLAYER AND PLAYER'S PARENTS OR GUARDIAN AGREE THAT BRAZILIAN SOCCER ACADEMY AND ITS PARTNERS MAY USE SUCH PICTURES OR LIKENESSES FOR THE PURPOSE OF PROMOTING AND DEVELOPING THE ORGANIZATION.

I HAVE READ THIS RELEASE, UNDERSTAND ITS TERMS AND EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF SIGNIFICANCE.

PARENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Please mail the registration form to: Roberto C. da Silva, Brazilian Soccer Academy, 13034 Shadyside Lane - Suite A, Germantown, MD 20874, U.S.A.**

**Non-refundable deposit of \$200.00 is required with the registration form. Make checks payable to Brazilian Soccer Academy. Non-US players, please submit your payment through Western Union payable to ROBERTO C. DA SILVA.**

**The following are attached: (please mark)**

- Completed Registration Form**
- Passport Copy**
- Health Insurance Card Copy**
- Deposit of USD \$200.00**