Contact Info:

Team Manager: ErikaG.FCVegas@yahoo.com

Coach: FC.Vegas@yahoo.com

423 N. Eastern Ave, Las Vegas, NV 89101

2026-2027 PLAYER REGISTRATION FORM

Player Name: _____ Date of Birth: _____ Age: ____ Gender: ____

Full Address: _____

Parent/Guardian #1 Name: _____

Phone: _____ Email: _____

Parent/Guardian #2 Name: _____

Phone: _____ Email: _____

Preferred Position (optional): _____

PARENT/GUARDIAN RELEASE & CONSENT FORM

1. **I/We, the parent(s)/guardian(s) of the above-named player, hereby give permission for my/our child to participate in all FC Vegas Academy soccer activities**, including but not limited to practices, training sessions, games, tournaments, conditioning, events, and travel related to club participation.
2. **I/We understand that participation in youth soccer involves inherent risks**, including the risk of serious injury, and that protective equipment does not prevent all injuries.
3. **I/We hereby waive, release, absolve, indemnify, and agree to hold harmless** FC Vegas Academy, its coaches, directors, board members, volunteers, sponsors, field owners, staff, and any individuals responsible for transporting players, **from any and all claims or liability** arising from any injury to my/our child, whether caused by negligence or otherwise.
4. **I/We grant permission for my/our child** to receive emergency medical treatment if necessary during FC Vegas Academy activities. I/We understand that every effort will be made to contact me/us in the event of an emergency.
5. **I/We accept full responsibility for any equipment issued to my/our child** and agree to replace any equipment that is lost, damaged, or destroyed other than through normal wear and tear. I/We agree that equipment will not be altered in any way that voids the manufacturer's warranty. All equipment will be returned clean and in good condition at the end of the season or upon request.
6. **I/We recognize that FC Vegas Academy may take photos or videos during practices, games, or events.** I/We agree to allow FC Vegas Academy to use photographs or video footage of my/our child for team pages, social media, highlight reels, promotional materials, and the club website. **No child's last name will be posted without prior written consent.**

Signature of Parent/Guardian: _____ Date: _____

FOR ORGANIZATION USE ONLY

Date Received: ____ / ____ / ____ Received By: _____