

Use this form to register ONLY for camps in Colonia at St. John Vianney.

Please Print Clearly.

Name (player) _____

Name(s) of Parent/Guardian(s) _____

Address _____

City _____ zip _____

EMAIL _____

Tele: _____ Cell: _____

I myself, my spouse, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, Brandao Soccer, LLC, Net Edge Training, LLC, USP Soccer, coaches, owners and instructors, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the training ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property incident to my own or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I understand and accept that pictures/ videos taken at clinics, training and camps may be used for promotional purposes. I grant permission for the participant to receive emergency medical treatment. I also assume full financial responsibility for any medical treatment for the participant. My child is able to participate in all activities associated with Soccer Training. By signing this form I hold harmless Brandao Soccer LLC, Lissette Brandao and her associates, as well as any and all trainers in regard to any injuries that may occur during the course of this program.

_____ Parent Dated _____

Send form and payment to: Brandao Soccer
159 Robert Place, South Plainfield, NJ 07080

1/2 Day Full

July 11 - 15 : Colonia St. John Vianney _____

July 18 - 22 : Colonia St. John Vianney _____

Fee: 1/2 Day: 9am- 12:00 : \$155.00 Full Day: 9am - 3pm: \$195 .00

Check # _____ Amt. Enclosed _____

Visit us on the Web at: www.BrandaoSoccer.com Email: Lissette@BrandaoSoccer.com