



# SoccerStar

Raleigh Academy of Chinese Language

P.O. Box 50375, Raleigh, NC 27650-6375

<http://www.racl.org>



## 201\_\_ 秋/春季 足球班 学生 报名表 201\_\_ Fall/Spring RACL SoccerStar Registration Form

学生姓名 (Chinese) _____ Student Name (English) _____	出生日期 BOD _____ / _____ / _____ Month Day Year	性别 Gender
<input type="checkbox"/> Returning player      Team _____ Coach _____		

**Following information is only required for NEW player:**

父亲姓名 (Chinese) \_\_\_\_\_  
 Father Name (English) \_\_\_\_\_  
 电话 (Phone #) \_\_\_\_\_  
 电子邮箱 (Email address) \_\_\_\_\_  
 母亲姓名 (Chinese) \_\_\_\_\_  
 Mother Name (English) \_\_\_\_\_  
 电话 (Phone #) \_\_\_\_\_  
 电子邮箱 (Email address) \_\_\_\_\_  
 家庭地址 (Address) \_\_\_\_\_  
 Emergency Contact and cellphone \_\_\_\_\_  
 Player's Physician & Insurance \_\_\_\_\_  
 Medical Condition \_\_\_\_\_

☞ Please make check payable to: **Raleigh Academy of Chinese Language, or RACL.** On your check, please write the player name and team name.

日期 Date	学费 Tuition & Fees	支票号码 Check No.	收费人 Receiver
_____/_____/_____ Month Day Year	<input type="checkbox"/> \$50      Team Shirt <input type="checkbox"/> \$15		

### MEDIA RELEASE

I give permission for any photograph, video tape, or any other form of audio visual record of myself or my child's participation with RACL SoccerStar to be used by RACL SoccerStar for publicity purposes.

Parent/Guardian Signature \_\_\_\_\_ (Media Release Only)

### WAIVER OF LIABILITY / CONSENT TO PARTICIPATE

I, the undersigned parent/guardian, understand that physical contact is made during soccer training and matches and that I and the player accept the inherent risks. My son/daughter is in good health and able to fully participate in competitive soccer. I hereby give my permission for him/her to participate in RACL SoccerStar. Further, recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify RACL SoccerStar against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Parent/Guardian Printed Name \_\_\_\_\_ Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

训练时间 (Practice Hours): 9:30 a.m. - 11:00 a.m. Sundays (May change due to weather)

训练地点 (Practice Location): Thomas Brooks Park, 111 Brooks Park Ave, Cary

(Backup Location): Davis Drive Park, 1610 Davis Drive, Cary