



**INTERNATIONAL FUTBOL ACADEMY LLC.**  
**Summer Training 2011**  
**"Futbol is Our Thing"**

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

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

School Time & Date Chosen: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Team: \_\_\_\_\_

I hereby release International Futbol Academy/I.F.A. and any of its affiliates from liability. This release is made to allow my child to participate in the International Futbol Academy/IFA Soccer School. I recognize that my signature on this release is a condition of your permitting my child to participate.

I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at the winter school. I certify that there are no physical limits to my child's participation at the school. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge International Futbol Academy from any and all liability, claims, demands and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the School.

I represent that I am a parent/guardian of the minor named above and I agree that the grant and released contained therein binds me and the minor to all its terms.

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Team Registration

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Signature of Parent /Guardian and Date

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Email Address

Enclosed Check & Number

\$ \_\_\_\_\_ & # \_\_\_\_\_



**On Line Registration**  
**<http://www.ifasoccer.com/>**

**Remit Application & Payment to:**



**International Futbol Academy LLC.**

**Attn: Hugo Diaz**  
**8836 S Nightingale Way**  
**Littleton, Co 80126**

Please feel free to let us know about your son or daughters experience with our training.  
We would love your feedback!!!  
**Hugo.Diaz@ifasoccer.com**