



Academy and Team affiliated to Cádiz C.F.

NEXTSTARS PRO FOOTBALL ACADEMY SPAIN NIF NUMBER G-72244502

Professional Football Program Season 2022/23 APPLICATION FORM – N01AF

1- PARENT / LEGAL GUARDIAN INFORMATION

| *Relation to Player: *Email Address: *Address: *State: *Country: *Mobile Phone: | *City: * Zip Code: *Additional Phone: |
|--|---------------------------------------|
| 2- LENGTH OF THE PROGRAM (Weeks): *From (mm/dd/yyyy): | *To: (mm/dd/yyyy): |
| 3- PLAYER INFORMATION *First Name: *Mobile Phone: *Email Address: | *Last Name: |
| *Address: *State: *Country: | *City: *Zip Code: |
| *DOB (mm/dd/yyyy): *Height (Meters) *Weight (kg): | *Gender: |
| *Shirt and short size: (XL-L-M-S-16-12): *Dominant Foot: *Player's Position(s): *Player's Experience / Current club: | *Sock size: |
| *Medical Conditions: *Alllergy: Note: (1)*Emergency contact: | *Phone: |
| (2)*Emergency contact: | *Phone: |
| | |

NEXTSTARS F.C.

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following:

- (1) We agree to abide by the rules of NEXTSTARS FC ***** and its affiliated organizations and sponsors.
- (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for NEXTSTARS FC accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless NEXTSTARS FC, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize.
- (3) We authorize verification of the registrant's date of birth from legal records to be provided to a NEXTSTARS FC authorized representative for the limited purpose of verifying the NEXTSTARS FC player's age and identity.
- (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment.
- (5) We consent to NEXTSTARS FC taking photographs, video recordings, and/or sound recordings indocumenting the activities of NEXTSTARS FC programs and services. We hereby grant NEXTSTARS FC and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for NEXTSTARS FC and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our ownfree willh.

| Parent/Legal | Guardian | signature: |
|--------------|----------|------------|
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Player's signature: