

Free Session ___ 8 week Week ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

Unique Futebol



“...the world at your feet”

Unique Futebol Program
@
Velocity Sports Performance
February 11th - April 1st
Sundays Boys 1pm Girls 2pm

\$79 for 8 Sessions
(includes Unique Futebol T-shirt)

Or
\$15 per Session

Please make check payable to:

Three Lions International

mailing address:
270 Redwood Ave.
Carlsbad, CA 92008

Player Name (first) _____ (last) _____ Male ___ Female ___
Age ___ Birth date _____ Allergies or medical condition? _____
T-shirt Size _____

Mother's Name _____ Father's Name _____
Street Address _____
City _____ Zip _____ Home Phone (____) _____
Cell Phone (____) _____ Email Address _____

Mother/Father Address and phone number *if different from above*:

Street Address _____
City _____ Zip _____ Phone (____) _____

Emergency Contact Name _____ Phone(____) _____

Medical Release: I, the parent of the player named hereon acknowledge that participation in the sport of soccer, as in any sport, may result in injury. The undersigned Parent/Guardian, therefore, releases Three Lions International, Unique Futebol, the California Youth Soccer Association-South, its Member Leagues, Teams, Agents, Offers, Coaches, and Players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents heirs, or personal representatives arising from any injury the player may sustain while participating in soccer or related activities, including transportation. I also give my consent for emergency medical care prescribed by a licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Martyn Hansford

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(760) 494-8704 or (949) 294-8340