

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 11<sup>th</sup> - April 1<sup>st</sup>

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**

[www.fitnessunique.com](http://www.fitnessunique.com) / [mhansford@fitnessunique.com](mailto:mhansford@fitnessunique.com)

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