



**ELITE FUTBOL CLUB (EFC) / REAL MADRID  
FOUNDATION SOCIAL & SPORTS PROGRAM  
REGISTRATION FORM 2017/2018**



ID#: \_\_\_\_\_ Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Player First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address of player: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Cel Phone #: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Cel Phone #: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Consent for Medical Treatment (minor):**

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer and hereby release, discharge, and otherwise indemnify the club Elite Futbol Club (EFC)/ Real Madrid Foundation Special and Sports Program and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as the result of that players participation in Elite Futbol Club (EFC)/ Real Madrid foundation Social and Sports Program and/or being transported to or from the same which transportation I hereby authorize.

**Web Use Consent Form (minor):**

I understand that my child may be photographed or video recorded for use on any of the Elite webpages (official website and social media), and that this information (photography/video) will be public on the webpages.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_