

Parisi Speed School- FASTrack Soccer Registration

Athlete's Name: _____ Parent's Name: _____

Location: _____ Session Dates: _____



Interested in: Clinics Camps Private Training Group Training

Has Your Athlete Suffered Any Injuries: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Athlete's DOB: _____ Athlete's Age: _____ Grade: _____

Parisi Speed School Medical Release

In consideration of acceptance of my child in the Athletic Training Program outlined above, I hereby for myself, my child, their heirs, executors and administrators waive and release any claim we may have for damages against: IAP, LLC; Parisi IAP; Parisi Sports, Inc.; Parisi School of Speed, Strength and Power; their officials, officers, employees or representatives; or their successors, for any and all injuries that may be suffered by my child while or as a result of participating in the above said program. I certify that my child has been checked by a licensed medical doctor within the last year and is in good health. I also certify that Parisi Inc. makes no guarantees that the athlete participating in this program will never get injured.

I agree that my athlete is only entitled to the training sessions specified by Parisi Inc. for the Speed Camp. I am also aware that my athlete is not entitled to a refund unless he a doctors states in writing that my athlete can not take part in the Athletic Training Program specified.

I certify that I am the Parent /Guardian the above mentioned athlete and am over 18 years old and agree to the conditions specified above

Signature: _____ Date: _____

FASTrack Soccer, LLC Medical/Liabilty Waiver

I hereby give consent for my child to participate in the Parisi FASTrack Indoor Speed and Skill Sessions. I assume all risks with regard to my child's participation in these activities. I release indemnify, and agree to hold harmless, FASTrack Soccer LLC, Parisi Speed School, it's directors, owners, coaches, trainers, and volunteers from any liability that may result from participation in the Indoor Speed & Skill Sessions being held at the Parisi Speed School. By selecting "yes" below and by signing MY name, I attest to the following: That the information provided is correct, and in the event of a medical emergency, I authorize Parisi/FASTrack Soccer LLC and/or staff to seek medical care for my child as deemed necessary..

I certify that I am the Parent /Guardian the above mentioned athlete and am over 18 years old and agree to the conditions specified above

Parent or Legal Guardian Accepts Waiver: YES ____ NO ____

Signature: _____ Date: _____