

# Soccer Rides 2019-2020

## We get your kid to soccer on time!

Please fill out the form and email or faxback to: E. mguarin@abtscs.com F. 786-522-7577

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_

Home Room Teacher: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Relationship to the child: \_\_\_\_\_

### Passenger Waiver of Liability

I recognize and acknowledge that I voluntarily authorize my child/ward to travel from school to soccer practice. I assume all risk associated with this travel. These risks include but not limited to any and all injuries to my child/ward and all property damage associated with this travel.

\_\_\_\_\_

**Guardian's Name (Print)**

\_\_\_\_\_

**Guardian's Signature**

\_\_\_\_\_

**Date**

Brazilian Soccer Training Center Soccer Rides will get your kid to soccer one time!

**João Moraes, President**

### School Authorization of Private Vehicle Transportation

I have reviewed the passenger waiver of liability and vehicle/Driver Waiver of Liability and authorize the transportation arrangement as identified.

\_\_\_\_\_

**Administration Name (Print)**

\_\_\_\_\_

**Administration Signature**

\_\_\_\_\_

**Date**