

# NIDO AGUILA HOUSTON CITY



## APPLICATION FORM

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Type of Blood: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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### PARENTS INFORMATION

Father Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical Problem or prohibition player has: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Who lives the player with? Parents ☐ Father ☐ Mother ☐ Other ☐

We/ I, \_\_\_\_\_ the parent/guardian of the registrant, a minor, agree that I and the registrant will abide the rules of NIDO AGUILA HOUSTON CITY SA/CLUB DE FUTBOL AMERICA SA DE CV, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by NIDO AGUILA HOUSTON CITY SA/CLUB DE FUTBOL AMERICA SA DE CV, accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify NIDO AGUILA HOUSTON CITY SA/CLUB DE FUTBOL AMERICA SA DE CV, its affiliated organization and sponsors their employees and associated personnel, including the owners of fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: \_\_\_\_\_  
Parent/Legal Guardian (Please Print)

Date: \_\_\_\_\_