



MN Thunder Academy Registration Form 2010 – 2011

By signing this form, you are registering your player with the MN Thunder Academy for the 2010/2011 season.

Player Information – As appears on POB

First Name: _____	Home Phone: _____
MI: _____	Cell Phone: _____
Last Name: _____	E-mail: _____
Address: _____	DOB: _____
_____	Gender: _____
City: _____	Team Registering For: _____
State/Zip: _____	Coach's Name: _____

Parent Information

Father's Name: _____	Home Phone: _____
Address: _____	E-Mail: _____
_____	Work Phone: _____
City: _____	E-Mail: _____
State/Zip: _____	Cell Phone: _____
*****	*****
Mother's Name: _____	Home Phone: _____
Address: _____	E-Mail: _____
_____	Work Phone: _____
City: _____	E-Mail: _____
State/Zip: _____	Cell Phone: _____

WAIVER:

In consideration of acceptance of this registration, I hereby, for my child, my heirs and myself, waive all and any rights or claims for damages I may have against Minnesota Thunder Academy, its Board of Directors, coaches, referees or any other representatives for any and all injuries from whatever cause suffered by the above player while involved in any events organized by Minnesota Thunder Academy or its coaches and trainers.

By signing below, I agree to my child's placement, as designated by Minnesota Thunder Academy, and will abide with the club policies. Failure to abide by the club policies, may lead to players removal from the Minnesota Thunder Academy. I give permission to Minnesota Thunder Academy to release contact information of my child for use in rosters, for internal club and team use only. I also agree to abide by the MYSA and Minnesota Thunder Academy Code of Conduct, regarding Parent, Coach and Player behavior.

Deposit Received \$ _____ Check # _____

Signed: _____ Date: _____

Signed: _____ Date: _____