



Registration and Medical Liability Release Form

Player's Information

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ State: _____ Zip: _____

Gender: Male _____ Female _____ Date of Birth: _____ Age: _____

Parent's Full Name: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact Info: _____ Phone: _____

Player's Physician Info and Tel: _____

Medical Conditions and Allergies: _____

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby agree to disclose in writing all pre-existing and/or current medical conditions, including and not limited to allergies, asthma, traumas, lingering and exacerbated pain or injury listed on the registration form to my child's coaches and/or managers.

I (First and Last Name) _____ hereby give my consent to have an athletic trainer, coach, team manager, emergency medical personnel, nurses, other associated personnel, and/or medical doctors to provide the applicant with medical assistance and/or treatment in case of emergency or injury during the practice or a game. I recognize the possibility of physical injuries associated with soccer/futbol, and hereby agree to be responsible financially for the cost of such assistance and/or treatment, and hereby release, discharge, and otherwise indemnify the club, personnel of these organizations, against

any claim by or on behalf of the soccer player named above as a result of that player's participation in Los Angeles International FC.



Our Policy

1. It is parent/athlete responsibility to ensure that the child attends scheduled practices, training, games consistently, on time, and in a disciplined manner.
2. It is parent/athlete responsibility to notify LAIFC personnel at least 2 hours before a scheduled session or practice AND at least 24 hours before an official contest/competition/match of the child's absence or potential tardiness.
3. All registering with LAIFC agree to show respect for other members, coaches, opponents, parents, league and other officials present during games and or practices.
4. No offensive/aggressive behavior towards any member, parent, or other party accompanying a child during games or practices will be tolerated.
5. LAIFC owns full and complete ownership of all photo/video footage produced during practices, friendly scrimmages, and tournaments. These are maintained for archival, reviewal, marketing purposes and can appear on print and digital media, including and not limited to the official LAIFC website, LAIFC social media outlets, LAIFC and affiliated partner ads. etc. You authorize the publication and usage of all footage containing your child unless otherwise specified.
6. LAIFC reserves the right to refuse or discontinue the enrollment of any member as a result of misconduct or poor misrepresentation of the LAIFC mission and objective.



Registration and Monthly fees

*A \$50 registration fee is due on the first day of practice

Payment Information

Monthly tuition fee is **\$150** per month

*Monthly fee will be due on the 1st of each month (\$25 late fee will be added to any payments received after the 5th of each month)

Credit Cards: Accepted (addition fees will be applied)

Checks: Make payable to LA International FC

Venmo and Zelle transfers are accepted

TeamSnap: Payments can also be made via TeamSnap mobile app

Cash: Accepted before or after the training session in an envelope with players information

Address 340 Burchett St., Apt #314 Glendale, CA 91203

Phone: 1(818) 724-8181

Email: info@lainternationalfc.com

Print Full Name of Parent/Guardian

Signature of Parent/Guardian Date

Date