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Complete the appropriate section of this Waiver & Liability Release Form. Team Representative, Player and USL Registrar must sign and date at the bottom. Form is not valid without signatures. Player will be made Eligible upon USL approval. Team Name Player Name Last Name First Name Middle Initial acknowledge that soccer or any sporting event is an extreme test of a person's physical and mental limit...

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Dance Tech Studios Miami Registration Form 2014-2015 Student Name Address City Zip Home Phone Birthday Age Cell Phone Work Phone Emergency Contact Phone Parent or Guardians Name (if under 18 years of age) Email How did you hear about our studio? Class Taken Day Time ...

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Student Health Services Medical History Form Name: Date: Age: Date of Birth: (The following information is confidential and will be used only by your medical provider to enhance the level of personal care.) Are you allergic to any medications? Yes No If yes, please list medication and reaction: Are you currently taking over-the-counter medications, prescription medicines (including birth control), vitamins, supplements or homeopathic remedies...

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