

# RICHMOND KICKERS 2011 PRO SOCCER COMBINE APPLICATION

Please complete the enclosed PERSONAL DATA and the RELEASE OF LIABILITY forms.

Mail to: Richmond Kickers  
Attn: Pro Combine,  
2001 Maywill Street, Suite 203  
Richmond, VA 23230

Please include a \$99.00 **non-refundable** application fee. NO PERSONAL CHECKS ACCEPTED only Certified Check or Money Order. (Make payable to "Richmond Kickers").

Players are responsible for all travel, hotels, and meals. However the Richmond Kickers will recommend a host hotel with a discounted room rate.

If the applicant is **not selected** to attend the Kickers 2011 Pro Soccer Combine, he will be notified via email prior to the event and the application fee will be refunded.

## **PERSONAL DATA:**

Name: \_\_\_\_\_ Date of Birth (MM/DD/Year): \_\_\_\_\_

Current Phone # : \_\_\_\_\_ Mobile Phone # : \_\_\_\_\_

E-Mail Address\*: \_\_\_\_\_  
*(\* - make certain that this e-mail address is valid, as most info will be sent through this channel)*

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Permanent Mailing Address (if different than above): \_\_\_\_\_

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

Preferred Positions Played (In order of dominance):

1) \_\_\_\_\_ 2) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any severe injuries during career? (List type, date, and current condition)

Any surgeries?

Any pertinent medical conditions (asthma, diabetes, allergies, etc.)?

What is your country of citizenship?

Do you have a passport (circle one)?                      Yes                      No

Country of Issue: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Do you have dual citizenship with any other country (circle one)?                      Yes                      No

Do you have a valid Resident Alien Card or Visa (circle one)?                      Yes                      No  
(Please indicate your residency status):

Do you have an agent (circle one)?                      Yes                      No

If no and you represent yourself, please skip this section.

If yes, what is your agent's name: \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_ Agent's Fax #: \_\_\_\_\_

Agent's E-mail Address: \_\_\_\_\_

**PLAYING EXPERIENCE**

College Attended: \_\_\_\_\_ # of Years: \_\_\_\_\_

College Head Coach: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Coach's E-Mail Address: \_\_\_\_\_

College Stats/Honors/Records:

Professional Soccer Experience:

Is there any other Coach/Manager/Person that you would like to include as a Reference?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS  
AND  
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in any way for the **United Soccer Leagues, United Systems of Independent Soccer Leagues, & Its Pro Member Team (Richmond Kickers)**, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **United Soccer Leagues, United Systems of Independent Soccer Leagues & Its Pro Member Team (Richmond Kickers)**, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARTICIPANT'S NAME (PRINTED): \_\_\_\_\_

PARTICIPANT'S AGE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PARTICIPANT'S E-MAIL: \_\_\_\_\_

PARTICIPANT'S PHONE #: \_\_\_\_\_