

RICHMOND KICKERS 2009 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 2009 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 #: _____