



A program of:



In partnership with:



**March 12th - April 30th
Tuesdays 6-8 pm at Great Plains PVA**

The registration fee is \$40.

Request a scholarship Pay by cash/check Pay by credit card

Bring your completed form & registration fee to the first practice or email Amanda: vazquez@greatplainspva.org.

Registration Form & Release of Liability

Participant's Name: _____ Birthday: _____

If under 18, Parent/Guardian Name: _____

Phone #: _____ Email Address: _____

Address: _____ City/State/Zip: _____

Tshirt Size: _____ Make/Model of Wheelchair: _____

Type of Foot Rest: Swing Away Center Post Other: _____

Dietary Restrictions for Snacks: _____

I give permission for the free use of my, or my child's, name and/or picture in any form of print, social, or electronic media of Paralyzed Veterans of America Great Plains Chapter and its Omaha Power Soccer Club. I hereby release and hold harmless the Paralyzed Veterans of America Great Plains Chapter, its officers, directors, employees, volunteers, partners, and affiliates from all liability for personal injury and property damage which I, or my child, may suffer by participating in the Omaha Power Soccer Club.

In case of medical emergency, I give my permission for Paralyzed Veterans of America Great Plains Chapter to arrange for transportation for me, or my child, to the nearest medical facility to receive treatment.

Participant Signature: _____ Date: _____

If under 18, Parent/Guardian Signature: _____ Date: _____