



A program of:



in partnership with:



Tuesdays 6-8pm at Great Plains PVA

Fall Session: Sept 9th - Oct 28th

Spring Session: March/April

The registration fee is \$40/session or \$80/year.

☐ Request a scholarship

☐ Pay by cash/check

☐ Pay by credit card

Amount paid _____

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

Registration Form & Release of Liability for 2025-2026 Season

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: _____