

# AMITYVILLE SOCCER REGISTRATION FORM

WWW.AMITYVILLESOCCER.COM

## PLAYER INFORMATION

Last Name:		First:
Date of Birth:	Current Grade:	
Address:		
City:	State:	ZIP:

## ADDITIONAL PLAYERS TO REGISTER WITHIN HOUSEHOLD

Last Name:		First:
Date of Birth:	Current Grade:	
Last Name:		First:
Date of Birth:	Current Grade:	

Please detail any medical conditions that may present injuries or limitations to the player(s) listed above:

## PARENT/ GUARDIAN INFORMATION

Last Name:		First:
Primary Email:		Relationship to Player:
Address (if different):		
City:	State:	ZIP:
Mobile:	Home Tel:	Other Tel:

## ADDITIONAL CONTACT IN CASE OF EMERGENCY

Name:		
Mobile:	Other Tel:	Relationship to player:

## PARENTAL CONSENT – PLEASE READ AND SIGN BELOW

1. I hereby certify that my child is in normal health and capable of safe participation in the Youth Soccer Program. I assume all risk(s) and hazards to the conduct of this program and for the transportation to and from the program. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Amityville Soccer or any of its agents to seek and/or administer emergency medical treatment as necessary.
2. I support Amityville Soccer's Sports Philosophy that is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.
3. I give permission to have my child's photo taken for Amityville Soccer publicity.

SIGNATURE OF PARENT/GUARDIAN:  x _____  PRINTED NAME	DATED:
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