

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:

*Spring 2021 Travel: Registration Fee \$225 + Covid Surcharge \$20 = \$245 Payment Enclosed: _____ (Check or Cash)

*Circle One: (Parent Opt-In to Volunteer, No Extra Cost, or Parent Opt-Out to Volunteer \$15.00)

*All final payments are due by March 1, 2021.