



Indoor soccer Registration Form (Tenderfoot thru U14)

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: M or F

Phone: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age as of August 1<sup>st</sup> 2015: \_\_\_\_\_

Email: \_\_\_\_\_

Coach: \_\_\_\_\_ Interested Coaches \_\_\_\_\_

- Please check session(s) Interested in:
  - \$45 each session 1<sup>st</sup> session \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
    - Start Date is November 1<sup>st</sup>
  - No Practice just one game a week (@ Sportzone Alliance)
    - 3 sessions / 7 week sessions
  - Deadline for 1<sup>st</sup> session is October 3<sup>rd</sup> 2015

Alliance Community Soccer Club, Inc.

*In consideration of my child participating in the Alliance Community Soccer Club I hereby agree to hold the club, or any of its directors, agents, officers, employees, or coaches harmless for any damage to any person or property due to the condition of the facilities which may now exist or subsequently occur and harmless from all claims, actions, damages, and liabilities. I have fully disclosed below any and all physical or mental conditions that my child has suffered that may limit their ability to participate in the ACSC. In the event reasonable attempts to contact me at the phone number above have been unsuccessful, I hereby give my consent for emergency medical treatment at the nearest emergency medical facility.*

\*Medical History including allergies, meds, or other:

\_\_\_\_\_

\*Signature of Parent or Guardian:

\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**\*Please turn in form to concession stand or mail to**

**PO Box 2793 Alliance, Ohio 44601 by Deadline October 3<sup>rd</sup> 2015**

Office use only

Check# \_\_\_\_\_ Cash \_\_\_\_\_ Initials \_\_\_\_\_ Date turned in \_\_\_\_\_ T or U \_\_\_\_\_