



Athletico Soccer Academy

Soccer Programs Registration Form

Footwork Clinic __ Fundamental Clinic __ Summer Camp __ Goalkeeper Clinic __ Speed/Agility Clinic __

PLAYER INFORMATION

Player Name: _____
LAST FIRST

Player Address: _____
NUMBER/STREET CITY State ZIP

Primary Email: _____

__ Male __ Female Division: U8 __ U9 __ U10 __ U11 __ U12 __ U13 __ U14 __ 15

Date of Birth ____/____/____

Current Grade: _____ School: _____

T-Shirt: YS __ YM __ YL __ AS __ AM __ AL __ AXL __ A2X __

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: _____

Address (If different from player): _____

Email: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian #2: _____

Address (If different from player): _____

Email: _____ Home Phone: _____ Cell Phone: _____

I hereby consent to my child participating in Athletico Soccer Academy. By this consent, I, for myself and for my minor child, release and forever discharge the Athletico Soccer Academy from any and all claims, demands, and actions, or any and every nature whatsoever that I may have for any loss, damage, or injury sustained by me and /or my child before, during, and after team activities.

Parent/Guardian Signature

Date

Mail completed registration to: 1920 Alcott Rd, York PA 17406