



Athletico Soccer Academy

Player Registration Form

PLAYER INFORMATION

Player Name: _____
LAST FIRST

Player Address: _____
NUMBER/STREET CITY State ZIP

Primary Email: _____

___ Male ___ Female Division: U9___ U10___ U11___ U12___ U13___ U14___ U15___ U16___ U17___

Date of Birth ___/___/___ Last Club: _____

Current Grade: _____ School: _____

Uniform Shirt: YS___ YM___ YL___ AS___ AM___ AL___ AXL___ A2X___ Player Numbers #___, #___

Uniform Shorts: 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