



AMITYVILLE SOCCER REGISTRATION

(Form for All Ages)

* Player Birthday ___/___/___ Age ___ Grade ___ *Circle: Male or Female

PARTICIPANT INFORMATION

*Last Name _____ *First Name _____ *Preferred Phone _____

*Address _____ *City, State _____ *Zip _____

*Shirt Size: **(Circle one)** YS YM YL AS AM AL AXL

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

(circle one) Yes No If yes, please state condition: _____

PARENTS: To help us better coach your child... your child is best described as...
(circle one) – 1 Having “beginner soccer knowledge” and 10 “advanced knowledge” –

- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

As a parent, I would like to volunteer to be a: (Please circle)

Coach Assistant Coach Referee Team parent

Last Season Prior Team Played: _____

EMERGENCY INFORMATION

Father’s Name _____ Preferred phone _____ * Email _____

Mother’s Name _____ Preferred phone _____ * Email _____

*We communicate information and schedule changes by email when possible.

PLEASE READ CAREFULLY – SIGNATURE REQUIRED

- 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 it agents to seek and/or administer emergency medical treatment as necessary.
- 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.
- I give permission to have my child’s photo taken for Amityville Soccer publicity.

***Parent Signature or Legal Guardian** _____ **Date** _____

Payment amount based upon program entered: see www.amityvillesoccer.com for program registration fees.

**Must Fill Out*

For Office Use Only - Club Registrar Brian (bollic414@icloud.com or 631-655-8168)

Date Registered: ___/___/___ Assigned Team: _____ Program Fee \$ _____ (Paid or Due)
Registered by: _____