

Registration Form

Fall 2021 Spring 2022 Season



Last Name _____
First Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Birthday _____ Male Female E-Mail _____

Age Level: (circle one)

BIRTH YEAR	2017 2016	2015	2014	2013	2012	2011	2010	2008	2008	2007	2006 2005	2004 2003
AGE GROUP	U5/6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16/ U17	U18/ U19

PARENT/GUARDIAN INFORMATION

Father's Name _____ E-Mail _____
Address if different than player _____
Phone _____

Communication is via EMAIL

Mother's Name _____ E-Mail _____
Address if different than player _____
Phone _____

Other person to notify in an emergency _____ Phone _____

I hereby give approval for the participation of my child in any and all ACE Soccer Club and affiliated associations or league activities and I assume all risk and hazards to such participation to and from activities, waive, release, absolve, indemnify and agree to hold harmless.

PARENT/GUARDIAN CONSENT

The ACE Soccer Club and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. I understand that a player who registers with an affiliated league is bound to that league for the entire seasonal year, unless a transfer is requested for extenuating circumstances.

Parent Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT

I hereby give my consent, as the parent or legal guardian of the above named player, for emergency medical care by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent Signature _____ Date _____

ACE SOCCER CLUB

10116 70th Street Kenosha, WI 53142

www.acesoccerclub.org