

# Registration Form

Fall 2024 Spring 2025 Season



Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell \_\_\_\_\_  
Birthday \_\_\_\_\_ Male ☐ Female ☐

**Age Level: (circle one)**

BIRTH YEAR	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
AGE GROUP	U6	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 \_\_\_\_\_  
Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address if different than player \_\_\_\_\_  
Cell \_\_\_\_\_

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**

**www.acesoccerclub.org**