



P.O. BOX 3024 . ALLIANCE, OH 44601

Alliance Community Soccer Club Registration Form

(Please complete and sign one page for each player)

Child's Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____ E:mail _____

Phone: _____ Gender: M or F Date of Birth: _____ Age at Aug. 1st 2011 _____

Years Child's played ACSC/Recreational: Years Child's played Competitive/Travel:

School Attends: _____

Father's name: _____ Mother's name: _____

Phone: _____ Home or Work Phone: _____ Home or Work

Phone: _____ Cell Phone: _____ Cell

PARENT - Please check any items you might be interested in:

Head Coach: _____ Assistant Coach: _____ Refereeing: _____

➔ Please note, ACSC can not guarantee the placement of a player on to a specific team, with a requested teammate, coach or school. Coach and assistant coach's children will remain the only ones guaranteed.

Alliance Community Soccer Club, Inc.

In consideration of my child participating in the Alliance Community Soccer Club I hereby agree to hold the club, or any of it's directors, agents, officers, employees, or coaches harmless for any damage to any person or property due to the condition of the facilities which may now exist or subsequently occur and harmless from all claims, actions, damages and liabilities. I have fully disclosed below any and all physical or mental conditions that my child has suffered that may limit their ability to participate in the ACSC. The ACSC may ask for additional information or documentation. (from a participating physician or counselor) in the effort to provide the safest, most enjoyable soccer experience for all participants.

In the event reasonable attempts to contact me at the phone number(s) listed above have been unsuccessful, I hereby give my consent for emergency medical treatment at the nearest emergency medical facility.

Medical History including allergies, meds, or other: _____

_____ (use back if more room needed)

Signature of Parent or Guardian: _____ Date: _____

***** Make check payable to 'ACSC' and Mail to: PO Box 3024, Alliance, Ohio 44601 *****

Registration Fees for:	Age		Total
U-8 through U-14	6 through 13	\$35.00 (A \$15 late fee must be included if postmarked after June 15th) ** NO registrations accepted if postmarked after June 30th **	
Discount for 3 or more children in a family Deduct \$5.00 per registration fee on 3rd, 4th, 5th etc. child			

OFFICE USE ONLY

Check # _____ Cash: _____ Initials: _____ Date: _____ Processed by: _____ Division: U- _____

Notes: _____ Team #: _____