

Ash-Carleton Park Soccer Player Registration Form



Player Information

Name: _____
Birthdate: _____ Gender: M F
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
History of Illness: _____
Medical Insurance: _____
Previous Soccer Experience: _____
Previous Soccer Organization: _____
Shirt Size: YS YM YL AS AM AL AXL

Parent / Guardian Information

Father's Name: _____
Mother's Name: _____
E-Mail Address: _____

I hereby give my consent that the above applicant may take part in the Ash-Carleton soccer program. To my knowledge he/she has no physical disabilities that would prohibit participation in this soccer program. I will not hold Ash-Carleton Soccer League, its principles, or representatives responsible for any injury my child may sustain while participating in this program.

Parent / Guardian Signature: _____
Date: _____

Emergency Contact Information

Primary Contact Name: _____
Address: _____
Telephone Number: _____

In the event of an emergency and in the event that I cannot be reached, please contact the alternate contact person who is authorized to act on my behalf:

Alternate Contact Name: _____
Address: _____
Telephone Number: _____

Please make checks payable to Ash-Carleton Soccer League (ACSL)

Division: (For Official Registrar Use Only):					
U16	U14	U12	U10	U8	U6