

Arlington Aces Soccer Club

REGISTRATION FORM

Player's Name (First, MI, Last) _____ Male _____ Female _____

Date of Birth _____ Grade _____ Age _____

Address _____ Phone _____

_____ Email _____

School: _____ Grade: _____

Child's Mother's Maiden Name (for future use of electronic registration):

Is your child an active travel soccer player? Yes No

Parent Contact:

Name (First, Last): _____

Address: (if different from above) _____

Home # _____ Work # _____ Cell # _____

Parent Volunteer:

Coach Assistant CoachTeam Manager

Emergency Contact (if different than Parent named above):

Name _____

Address _____

Home # _____ Work # _____

Registration Period: February 18 – March 14, 2008. Registrations received after March 14, 2008 will be charged a \$25 late fee and team placement cannot be guaranteed. Registrations will not be accepted after March 21, 2008. Players must turn five years old by April 19, 2008 to be able to register.

Fees: Registration fees for the spring 2008 season are \$55 per player. Uniform kits consisting of a jersey, shorts and socks are available for \$25 and ARE NOT included in the \$55 registration fee. If you are a new player with the Arlington Aces you will need a uniform. Registration refunds WILL NOT be made following final team roster determination – March 28, 2008.

Permission and Liability Release:

I give my child permission to participate in the soccer program sponsored by the ASA and Aces, in conjunction with the Arlington County Department of Parks, Recreation and Community Resources. I understand that every participant in this program should be insured for medical expenses arising from accidental injury through a policy that the participant's family currently has in force and which will cover participation in this sport. This permission released the ASA, Arlington County Department of Parks, Recreation and Community Resources, Aces and their agents and employees from any liability in the conduct of this program. This permission will remain in effect unless terminated by a parent or guardian in writing. I also give permission for Arlington County Soccer to verify my child's grade in school.

Parent/Guardian Signature _____

Date _____

Special Medical Instructions: _____

Previous Team/Coach _____

Payment: \$55 per child _____ \$25 for uniform kit _____ Size YS YM YL AS AM AL

- Checks Payable to "Arlington Aces Soccer Club"
- Mail to: Arlington Aces Soccer Club, 3905 N. Dumbarton St., Arlington, VA 22207