

Player Information					
Player last name		First name		M.I.	M or F
Street (and Apt)		City		State & Zip	
Date of birth	Age	School		Grade	
Phone		Email address			
List any team & friends with whom you'd like to play.					
Parent/Guardian Permission					
<p>I hereby give my son/daughter permission to participate in the soccer program sponsored by the Arlington Soccer Association 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 which his/her family currently has in force and which will cover his/her participation in this sports program.</p> <p>With this permission, I hereby release the Arlington Soccer Association and the Department of Parks, Recreation and Community Resources, its' agents and employees from any liability incurred in the conduct of this program. This permission will remain in effect unless otherwise terminated by parent or guardian in writing.</p>					
Signature				Date	
Name (Please print)				Phone	