

FC Ponte Premier Soccer Club

In affiliation with Town Plot Sports Association

Fill in or circle appropriate items:

Male Female Date _____

Child's Name (print): _____

Parent's Name (print): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-mail address: _____

Date of Birth: _____

Emergency Contact: _____

Emergency Phone: _____

I hereby give permission for _____ to participate and play soccer and realize the possibility of injury and waive all claims to damages from FC Ponte's, Azzurri Soccer Academy, Town Plot Sports Association, its directors and commissioners and coaches or any other of its agents incurred therein or in the course of any league, tournament, or other activities associated therewith.

IMPORTANT NOTE: All Premier Registrations must include a copy of the child's birth certificate, and a small picture to be used for player passes.

Parent or Guardian Signature: _____ Date: _____