

ALABAMA SOCCER ACADEMY

2010 Fall Academy League Registration Form

Academy Registration Fee due: \$175

Mail or fax application to:

3670 River Bluff Drive
Tuscaloosa, AL 35406
205.345.7466 FAX

205.345.7465
info@alabamasocceracademy.com

Player Information:

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone _____ Shirt Size: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____

Grade in Fall '10 _____ DOB* _____ School _____

* PLEASE INCLUDE A COPY OF BIRTH CERTIFICATE

Parent/Guardian/Emergency Contact Information:

Name _____ Relationship to player _____

Phone (W) _____ Phone (C) _____ Email _____

Name _____ Relationship to player _____

Phone (W) _____ Phone (C) _____ Email _____

In case of emergency and neither of the above can be reached, please call:

Name _____ Relationship to player _____ Phone _____

Payment Information:

Check Payment: Make checks payable to Alabama Soccer Academy

Credit Card: MasterCard VISA Amount: \$ _____

CC# _____ Exp. Date _____ 3-digit code: _____

Cardholder Name: _____ Signature: _____

Billing address if different than above address: _____

ALABAMA SOCCER ACADEMY HAS A NO REFUND POLICY FOR LEAGUE ENROLLMENT

THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE YOUR REGISTRATION.

PLEASE VISIT OUR WEBSITE'S FORMS LINK TO DOWNLOAD:

US Club Soccer Registration Confirmation/Medical Form

Copy of State Issued Birth Certificate

Signed Player/Parent Codes of Conduct

FOR OFFICE USE ONLY:

Date: _____ Check # _____ Amount: _____ USCS Form _____ Codes _____ BC _____

