

MINI SOCCER ACADEMY

REGISTRATION FORM

Player's Name: _____ Child's DOB: _____

Parents Name(s): _____

Street Address: _____

City: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Cell Phone _____

Any allergies, illnesses, or medical conditions that we should be aware of?:

Parent's Permission to Participate

The above registered applicant has been granted permission to attend and participate in the Berks Mini Soccer Academy program. In exchange for the privilege of participating, I, the parent/guardian of the above applicant, a minor, agree that the participant and I will abide by the rules of the Rage Mini Soccer Academy. Recognizing that the possibility of physical injury can be associated with soccer, I hereby release, claims by or in behalf of the registrant as a result of participation.

Parent/Guardian Signature: _____ Date: _____

BRING THIS FORM TO REGISTRATION WITH \$35 REGISTRATION FEE.

ALL CHECKS SHOULD BE MADE PAYABLE TO: Rage Soccer Club

www.bsarage.com