



# Registration Form for



This form must be completed in its entirety for the registrant to be eligible to play on an Arsenal FC team. Registration does not guarantee placement on a team.

**Please mail form and club fee to:**

Your coach. AFC does not accept individual forms or club fees.

Please note that by signing this form and paying a portion of the fee you are bound to AFC for the following season per MYSA rule 1.3.4.1 Players Bound to Member Club.

**Player's Information:**

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Birthdate (MM/DD/YY)	Email Address(es)
<input type="text" value="Male"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Celular Phone	
<input type="text"/>	<input type="text"/>	

**Contact Information:**

Primary Contact's Full Name	Secondary Contact's Full Name
<input type="text"/>	<input type="text"/>
Primary Contact's Address(if different than above)	Secondary Contact's Address (if different than above)
<input type="text"/>	<input type="text"/>
Primary Contact's Phone(if different than above)	Secondary Contact's Phone (if different than above)
<input type="text"/>	<input type="text"/>
In Case of Emergency, Please Notify	Relationship to Player
<input type="text"/>	<input type="text"/>
Address	Phone
<input type="text"/>	<input type="text"/>

**Consent for Medical Treatment / Agreement to Refund Policy**

As the parent or legal guardian of a participant in USYSA - MYSA programs through Arsenal FC, I recognize the possibility of physical injury associated with soccer. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I hereby release, discharge, and/or otherwise indemnify the USYSA - MYSA, Arsenal FC, it's affiliated organizations and sponsors, their employees and associated personnel including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

I am the parent / legal guardian of the player. I accept the terms and conditions on this form and declare that all the information contained herein is correct and accurate.

Signature

Date