



# APEX SOCCER CLUB ACADEMY

## REGISTRATION FORM

### Player Information

Name  Birthday

Address  City

Zip Code

Home Phone

Emergency Phone

Notes / Medical Conditions

Parent or Guardian's Name

Email address

\*\*I understand and accept all responsibility in the event my child is injured during any and all Apex clinics, tryouts or practice sessions. Apex Soccer Club or any member of the Apex Soccer Club shall not be held responsible for the cost with any injury that may occur. This form releases liability of Apex Soccer Club and it affiliates beginning on the date below.

Check this box if you agree to the terms above.

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Parent or Guardian's Signature

Date

\*\* A parent or guardian will sign this form on the first day of attendance. \*\*