



PLAYER REGISTRATION FORM

Soccer Academy Michael Rummenigge LLC, 516 NW 20th Street, Fort Lauderdale, Florida, 33311

Sign below and mail to the address above.
If paying by check, payment must be received 30 days prior to the event!

PERSONAL INFORMATION

FULL NAME: _____

2ND FAMILY MEMBER (10% PRICE REDUCTION)*: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

BIRTH DATE: _____ GENDER: MALE FEMALE

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____ SIZE OF CLOTHES: XS S M L XL

EXPERIENCE: BEGINNER ADVANCED EXPERT

TEAM EXPERIENCE: YES NO TEAM: _____

ACADEMY LOCATION: _____ DATE: _____

Does this player have any current injuries or minor physical limitations, (i.e., bone or soft tissue injuries, allergies, blood disorders, breathing difficulties, hearing or sight problems, etc.) or other medical conditions a coach should know about? If so, briefly explain below:

* You have to fill in an extra registration form, naming the name of this registration form as 2nd family member.

PARENTS/GUARDIAN INFORMATION (Please fill in the person, who undersigns the disclaimer on page 2)

FATHER / MOTHER / GUARDIAN NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

BIRTH DATE: _____ RELATIONSHIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

INTERESTED IN VOLUNTEERING? YES NO COACH EXPERIENCE: YES _____
where / team / other

EMERGENCY CONTACT INFORMATION (If different from parents/guardian information)

FULL NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

BIRTH DATE: _____ RELATIONSHIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Security Code (last three digits): _____

Name On Card: _____

Expiry Date: _____ / _____ / _____

Address: (If Different From Above): _____

Authorization Signature: _____

Card Type:

VISA

AMEX

MstrCard



REFUND POLICY

< 10 DAYS - NO REFUND

11-30 DAYS - 50% OF THE PAYMENT

> 31 DAYS - 100% OF THE PAYMENT

