



## Application Form Diamonds Soccer Club

Date:

Name of the Player:

Age:

Medical Conditions:

  

Allergies:

Name of the Parents:

Address:

Apt.

Number

County:

City:

State:

Zip:

Parent's Email:

Phone:

Name and Phone number in case of an emergency:

I give Permission to my child ..... to practice  
soccer and P.E. at Kinder Club Academy with Diamonds Soccer Club.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name