

**Adirondack Soccer Club, Inc
Player Registration Form**

Age Group _____

Last Name _____ First Name _____ MI _____ M ___ F ___

Address _____ City _____ State _____ Zip _____

Phone No. _____ E-Mail address: _____

Birthdate _____ School _____ Grade _____

Returning Adirondack player? (Y/N) _____

Father's Last Name _____ First Name _____

Home Phone _____ Work Phone _____ E-Mail _____

Father will help with: Team? ___ League? ___ Referee? ___ Other(specify) _____

Mother's Last Name _____ First Name _____

Home Phone _____ Work Phone _____ E-Mail _____

Mother will help with: Team? ___ League? ___ Referee? ___ Other(specify) _____

League Sessions Requested:

Team Format Requested:

Indoor First Session (Nov.-Dec.): _____

Regional: _____

Indoor Second Session (Jan.-Mar.): _____

Specific Area/School: _____

Spring Outdoor Session (May-June): _____

(Make All Checks Make Payable To : **ADIRONDACK SOCCER CLUB**)

Tawn Driscoll
23 West Tremont St.
Glens Falls, New York 12801

Completed By Registrar:

Player Name: _____

Registration \$ _____

*Registration Fee Breakdown: (Please Check)

___ Indoor Session #1 is \$130 U-8 to U-14 and
\$150 U-16 and older (Nov-Jan)

___ Indoor Session #2 is \$130 U-8 to U-14 and
\$150 U-16 and older (Jan-Mar)

Uniform \$ _____

___ Outdoor Fee: \$125.00/Session

Sportswear \$ _____

___ Late Registration Surcharge
\$15.00/ Session (charged after 9/30)

TOTAL: \$ _____ Check No: _____ Name on Check: _____

Credit Card Type/#: _____ / _____