

Alliance FC

Player Contact Information

RETURN TO TEAM MANAGER

Player Information			
Name		DOB	
Team		Jersey #	
Address			

Parent/Guardian #1 Information			
Name		Relationship	
Cell Phone		Home Phone	
E-Mail			

Parent/Guardian #2 Information			
Name		Relationship	
Cell Phone		Home Phone	
E-Mail			

Parent/Guardian Responsible for Account			
Name		Relationship	

Emergency Contact Information			
Name		Relationship	
Cell Phone		Home Phone	
E-Mail			

The following items are required to be submitted to your team manager for registration	
	Birth Certificate
	Medical Waiver (signed)
	Copy of Insurance Card
	Registration On-line with Blue Sombrero (both steps)