

Wulf Koch Soccer Academy Recreation League Player Registration Form



Player's Last Name: _____ First: _____ MI: _____

Mother's Last Name: _____ First: _____

Father's Last Name: _____ First: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Birthday: _____ T-Shirt Size: _____

Phone: (home) _____

Mother's Email: _____

Phone: (home) _____ (cell) _____

Father's Email: _____

Phone: (home) _____ (cell) _____

Medical Information

Name of Minor _____ DOB _____

Medical Insurance Co. Name & Policy Number:

Emergency Phone Numbers:

Father work: _____ cell: _____

Mother work: _____ cell: _____

In an emergency; if parents cannot be reached notify:

Name _____

Relationship _____ Phone# _____

Family Doctor _____ Phone# _____

Known Allergies _____

Asthma _____ Diabetes _____

Last tetanus shot or booster shot _____

List of medications currently taking _____

I, undersigned parent or guardian, do hereby authorize Wulf Koch Soccer Academy to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. I release the Soccer Academy, and all their affiliated entities, and the Legacy Anglican Church from any and all liability, claims, demands, and causes of action for personal injury or loss suffered by my child in connection with participation in this league. I, undersigned parent or guardian also certifies that my child is physically fit to participate in all league training and matches.

Parent or Guardian Signature Date

Please complete this form.

Mail or email the form along with a copy of your birth certificate and a check (made out to Wulf Koch Soccer Academy) to our office.

Wulf Koch Soccer Academy c/o Jane Koch

130 Arrowhead Drive

Montgomery, AL 36117

334-224-2552

Email: janekoch@fctorjager.com