

**American Futsal Academy, Inc. ("AFA")**  
 1368 Barrowdale Road, Rydal, PA 19046  
 (215) 690-4070 (fax) 215-893-4925



**GENERAL REGISTRATION FORM** (Please Print)

Child Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year)

Soccer Club / Team: \_\_\_\_\_

Current Age Group: U-\_\_\_\_

All players are required to be registered with the United States Futsal Federation (USFF)

**AFA Membersip**

Annual AFA Membership Fee for current year: \$30 (Includes T-Shirt & USFF Membership/Insurance)

Annul AFA Membership Fee for current year has already been paid: \$0

**Select Team**

Select Tryouts \$15 (September 2011 – see schedule)

Select Team \$360 (Uniform, T-Shirt, 8 Practices, 8 week League, PA States, NJ States, Regional or 1 other tournament)

**Training\* (Check One or More) Per Player**

“B”  2011 Sep-Oct NERC \$120 (7 weeks of Training at Northeast Racquet Club, Philadelphia – see schedule)

“C”  2011 Nov-Dec NERC \$120 (7 weeks of Training at Northeast Racquet Club, Philadelphia – see schedule)

“D”  2012 Jan-Feb SMG \$140 (7 weeks of Training at SMG Sportsplex, Warminster – see schedule)

“E”  2012 Mar-Apr SMG \$140 (7 weeks of Training at SMG Sportsplex, Warminster – see schedule)

All  2011-2012 Sep-Apr \$480 (28 weeks of training NERC/SMG – see schedule)

\$20 per session drop in fee @ NERC

\$25 per session drop in fee @ SMG

**Leagues**

Adult League \$40/player  Youth League - \$550/Team  In-House \$50/player

**TOTAL DUE: \$** \_\_\_\_\_

**\* (Players who had pre-paid towards the \$460 for annual training sessions will pay a maximum of \$460 plus the \$30 AFA fee for the year. All sessions must be paid in full in advance.)**

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info@AmericanFutsalAcademy.com



**MEDICAL AUTHORIZATION & LIABILITY WAIVER**

**PLAYER FORM (Please Print)**

Child Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

1. On behalf of myself, being of legal age, and of my child or ward \_\_\_\_\_ (“PLAYER”), and on behalf of our respective heirs and personal representatives, I hereby agree and intend to be legally bound as follows: Recognizing the possibility of physical injury associated with Futsal, in consideration for the permission of the American Futsal Academy, Inc. (“AFA”) and its coaches, training facilities, leagues, tournaments, affiliates, independent contractors, coaches, trainers, employees, officers, officials, directors, agents, proprietors and volunteers (“RELEASEES”) allowing PLAYER to participate in their activities and/or be transported to and from the same, which transportation, I authorize.
2. I and the PLAYER will abide by the rules of AFA and all RELEASEES.
3. I hereby release, waive and forever discharge RELEASEES from and against any and all liabilities, claims, demands, actions, causes of action, damages, costs, or expenses for personal injury, including but not limited to bodily injury and/or death and/or property damage which I or PLAYER may sustain and which are or may be caused by the act or omission of any PLAYERS, RELEASEES, and/or fellow player(s) , except where the RELEASEES act or omission constitutes gross negligence or willful misconduct.
4. Further, I hereby grant unto RELEASEE(s) my power of attorney to act as if her were I, in my place and stead, in the case where medical attention must be administered to PLAYER, thereby allowing RELEASEE(s) to cause medical attention, including but not limited to treatment for accident or sickness, to be immediately given, whether by RELEASEE(s), paramedical personnel or physicians, until such time as I can be made completely aware of and can act upon the circumstances causing the need for medical attention. As part and parcel of this grant, I release RELEASEES as set forth in Paragraph (1) hereof and agree to indemnify and hold RELEASEES harmless from any and all costs for the above referenced medical treatment.

\_\_\_\_\_ (Date: \_\_\_\_\_) (Parent or Guardian Signature)

\_\_\_\_\_ (Date: \_\_\_\_\_) (Player Signature)

American Futsal Academy, Inc.  
TEAM REGISTRATION  
Winter Futsal League



**DATES & TIMES:** Dec 3, 2011 – Feb 25, 2012 (8AM-1PM & 3PM-6PM)

**LOCATION:** SMG SportsPlex, 654 York Road, Warminster PA

**AFA Winter Futsal League COST: \$550 Per Team**

**(ADDITIONAL EXPENSES:** All Players Must be Registered with USFF. See [instructions at americanfutsalacademy.com](http://www.americanfutsalacademy.com))

**REGISTRATION INFO:**

Team Name: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age Group: U\_\_\_\_\_

Maximum 12 players per roster

**Non Refundable Deposit:** \$250 non-refundable due to reserve spot. Balance due one week before first game.

**Send Registration with Payment to:**

American Futsal Academy, Inc.  
1368 Barrowdale Road  
Rydal, PA 19046

I agree to the above payment for Winter Futsal League with the American Futsal Academy, Inc. A parent or guardian for each player on our team will sign the attached Liability Waiver prior to the first game.

TEAM NAME: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

COACH: \_\_\_\_\_ (Signature)

**INSTRUCTIONS**

1. Please review the above and sign.
2. Please fax a signed copy to AFA, Inc. at 215-893-4925.
3. Please mail the original to AFA, Inc. Together with a non-refundable deposit in the amount of \$250 payable to American Futsal Academy, Inc., 1368 Barrowdale Road, Rydal PA 19046
4. Please have the LIABILITY WAIVER and MEDICAL AUTHORIZATION Team Form waiver signed by all player's parents and turned in prior to the first game.
5. Register with US FUTSAL <http://www.americanfutsalacademy.com/league.php>

LIABILITY WAIVER and  
MEDICAL AUTHORIZATION  
Team Form



Team Name: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Age: U\_\_\_\_\_

In consideration of your acceptance of this application to participate in the American Futsal Academy, Inc. ("AFA") Futsal League, I hereby release and hold harmless AFA, any coaches, trainers, referees or other workers contracted by AFA, any and all personnel associated in any way with AFA and any of its designees, from all claims on account of injuries or damages which may be sustained by my child or person who I am the legal guardian for, due to participation in the training, league or tournament as either a participant or as an observer. I accept that Futsal soccer is a contact sport and that injuries sometimes happen as part of the game. I hereby authorize the facility personnel or their designee to act according to their best judgment in any emergency requiring medical attention for my son or daughter. I hereby give permission for any and all medical attention necessary, to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the facility personnel or his designee and any medical personnel on hand, until such time that I may be contacted. My signature below states that I have the necessary funds to pay for any medical attention needed and that I assume the responsibility for payment of any treatment. This release is effective for the time during which my child is participating in the AFA Futsal. If there are special medical conditions that medical personnel should be made aware of, I will include them on a separate sheet of paper and attach it to this sheet. I understand that it is the responsibility of the parent and player to make sure that this waiver is in possession of the team administrator throughout the entire training, league or tournament.

PLAYER NAME

Parent Signature

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_