



Synergy Soccer Registration Form

Player's Name: _____ **Birth date:** ___/___/___ **Age:** ___ **Gender:** M F
Address: _____ **Parent Name:** _____
City: _____ **State:** _____ **Zip:** _____
Day Phone: _____ **Evening Phone:** _____
Emergency Contact: _____ **Emergency Phone:** _____
Email (Mandatory): _____

Soccer Playing Experience: **Recreation** **Travel** **ODP** **High School** **College**

Release of Liability Clauses:

I hereby release and discharge Athletes Advantage Training Center ("AATC"), its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at AATC. I authorize AATC, its agents, employees, staff members, directors, and officers to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge AATC, its agents, employees, staff members, directors, and officers from any responsibility or liability related thereto. I hereby grant AATC permission to use my and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon AATC for reimbursement for use of this material.

Player or Parent/Guardian Signature: _____

Please circle program selection:

Program	Times offered	6 sessions	12 sessions	24 sessions
Level 1 – Intermediate (Ages 9 – 11yrs)	M W F 5:30 – 6:30 PM	\$210	\$350	\$550
Level 2 – Advanced (Ages 12 – 14yrs)	M W F 6:30 – 7:30 PM	\$210	\$350	\$550
Level 3 – Elite (Ages 15yrs+)	M W F 7:30 – 9:00 PM	\$300	\$450	\$650

PAYMENT INFORMATION

Please circle card type: Visa, Mastercard



Credit #: _____

Total Amount Due: _____

Cardholder

Signature: _____

Cash or Check Amount: _____

Check # _____

Make checks payable to:

Athlete's Advantage

725 Conshohocken Road

Conshohocken, PA 19428