



FCCA Youth Soccer REGISTRATION FORM

Make Check Payable and Return Form to:
FCCA, 12086 University City Blvd.,
Harrisburg, NC 28075

Child Name _____

Parent Name _____

Gender _____ Age _____ Birth Date _____ - _____ - _____

Phone #(s) _____

Email _____

Any medical conditions we should be aware of? (asthma, allergies, etc.) _____
explain _____

Shirt Size (circle) YS YM YL AS AM AL AXL

I give my permission for my child to participate in FCCA Youth Soccer Program. I indemnify and hold harmless FC Carolina Alliance, and its representatives for any claim of personal injury during soccer.

Parent/guardian signature _____ date _____

How did you hear about FCCA Youth Soccer Program? (circle)
FLYER WEBSITE NEWSPAPER FRIEND OTHER _____

Visit our website to register or call for more info.

fccasoccer.com



FC Carolina Alliance "Your Community Soccer Club"
12086 University City Blvd., Harrisburg, NC 28075 (704)455-7311

