



ALIANZA SOCCER CLUB

Pleasantdale Park
Atlanta, GA 30307

770-757-9867

www.alanzasoccerclub.com

alanzasoccerclub@gmail.com

JOIN ALIANZA APPLICATION

PLAYER INFORMATION

Name Male Female

Address City

Zip Contact Phone Birth Date

Email Address

Number of Prior Seasons Played Last Team and League

Height (ft/inch) Weight (lb/oz)

Position on the Field

School Grade

Any Physical Limitations?

Any other siblings that would like to join? (Name/Age)

Children 1

Children 2

Children 3

PARENTS/LEGAL GUARDIANS INFORMATION

Father's Name Occupation Cell Phone

Mother's Name Occupation Cell Phone

Address City State Zip

Home Phone Email Address

Comments

1.- Submission of this application does not compromise you with Alianza. You are just showing interest to join the club on behalf of your son(s)/daughter(s).

2.- Submission of this application does not mean that your son/daughter will be accepted or refused to join Alianza.

3.- By submitting this application you give permission to Alianza to contact you to talk about the possibility of joining Alianza.

4.- By submitting or printing this application I promise that all the information filled above by you (Parent or Legal Guardian) is nothing but the truth.

Select one of the buttons below to agree or disagree with the 4 terms above:

I agree I disagree

Date

Parent/Guardian Signature