

# American Eaglets Registration Form



Player's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Tel: \_\_\_\_\_ E-mail address (essential): \_\_\_\_\_

Home Soccer Association: (If playing recreational soccer) \_\_\_\_\_

Team Name: (If playing recreational soccer) \_\_\_\_\_

**Emergency Contact Details: Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Alternative Emergency Contact: Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

Uniform Size (circle one):

**Shirt:** *Youth S M*

## I wish to register for (Please Check):

American Eaglets Program:

Fall season begins September 21 and ends November 23  
Wednesdays from 5:00-5:45 pm  
American Eagles Practice Facility at Covenant Church  
Glade Road and Roberts, Colleyville

Coach: Margeaux Horne: 832-265-4656 or [margeauxhorne@gmail.com](mailto:margeauxhorne@gmail.com)

Program Director: Scott Kerlin 817-482-1151 or [ScottKerlin@AmericanEaglessc.org](mailto:ScottKerlin@AmericanEaglessc.org)

## Cost:

Season cost for American  
Eaglets: \$150 and includes  
practice uniform

Checks should be payable to  
American Eagles Soccer  
Club and mailed to:  
PO Box 1003  
Colleyville  
TX 76034

NTSSA Disclaimer: "The recruiting of players for the benefit of any individual, team, club and/or organization is strictly prohibited. Any person having knowledge of any Player recruitment at or through this soccer clinic, camp, academy, private lesson, etc., should report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth Commissioner shall deal with the alleged violations in accordance with NTSSA Rule 3.10 (Recruiting is any action or statement, made by anyone, either verbally or in writing, that encourages or entices a player to register with a particular coach, team, club and/or organization.)"

I have read and understand the disclaimer above. I release the American Eagles Soccer Club and Academy, any and all affiliates, staff and facilities from and liability resulting from injury or accident to my child while attending the Academy. I hereby authorize the staff of the Academy to act for me in my absence to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer emergency care.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_