



Capital Region Soccer Academy Player Registration Form

Players Name: _____

Address: _____

Phone: _____ (Home) _____ (Cell)

Age: _____ D.O.B. _____ Club: _____

Check Academy: _____ Guilderland Friday Academy (May 1 – June 19)

Emergency Contact: (Non-Parent)

Name: _____ Phone: _____

Please include relevant medical information in writing with this application.

I certify that my child is in good health and may participate in all academy activities. I agree to hold Capital Region Soccer Academy, Momentum Sports Management & Marketing, its entities, its agents, employees and contractors, harmless from any and all injuries sustained to my child during his/her participation in the academy attended. I also grant permission for my child to receive emergency medical treatment, if required.

Parent Signature: _____ Date: _____

Amount Enclosed: _____ Contact Mike Kinnally with questions at kinnallymr@msn.com

(Please make checks payable to: Capital Region Soccer Academy)

Please Mail To:

Capital Region Soccer Academy
501 New Karner Road
Suite #6
Albany, New York 12205