2026-2027 REGISTRATION FORM

U8 Co-ed Academy

Player's Name:_____ Check One: ☐ U6 ☐ U8

Date of Birth:_____ Age: _____ Check One: ☐ Male ☐ Female

Address: _____ City:_____ State: _____ Zip: _____

Primary Phone Number: _____ Primary E-mail: _____

School:_____ Grade entering in September: _____

Father's Name: _____ Mother's Name:_____

Address: _____ Address:_____

Father's Phone: _____ Mother's Phone:_____

Who shall be the primary contact?: _____

Provide your child's soccer experience: _____

_____

CLUB MISSION STATEMENT

Plattsburgh F.C. is a community of soccer families dedicated to providing instructional and competitive youth soccer opportunities that enhance character, community, and love of the game of soccer. Integrated in this is the building of self-esteem, self-confidence, teamwork, respect for self and others, and all the inherent benefits of physical exercise. Top local coaches and players will be sought to coach and play within the club. Refund Policy: If a player withdraws from the program, there is no refund available. If a player is injured their parent/guardian must contact the Club within one week of injury. The player must supply a doctor's note and a pro-rated refund will be granted based on the date of the doctor's confirmation. If a competitive player is injured prior to April 1, they'll be refunded all their soccer fees except for the $40 player pass fee, and a $35 administrative fee. · If a competitive player is injured after the season begins there is no refund available.child to authorize appropriate medical treatment.

_____

Signature of Parent/Guardian

_____

Date:

PLATTSBURGH FOOTBALL CLUB
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