



Ambassadors FC – Registration Form



Soccer Academy @ PACA

R\$50,00 per month

Child's Names (preferred): _____

Child's Grade at PACA: _____ | Date of Birth (d/m/y): ____/____/____

Address: _____

Parent's names: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

As parent/guardian, I wish for my child to participate in the Ambassadors FC Academy. I understand that Ambassadors FC and its staff are under no liability whatsoever in respect to any personal loss or injury which the above named applicant may sustain during participation in the Ambassadors FC Academy. I also hereby authorize the staff of the Ambassadors FC to act for my child according to their best judgment in any emergency situation requiring medical attention.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please attach your check or cash to this form and send it with your child to the school's office. Please complete one per child that you wish to enroll. Any questions please contact: Cleide Ferreira at ambassadorsbrasil@gmail.com by cell (11) 94987-3341
Fabio de Oliveira at ambassadorsbrasil@gmail.com by cell (11) 98437-8426

Please note below any medical problems we should know about your child, including any allergies and/or activity restrictions:
