



**Ambassadors FC – Registration Form  
Soccer Academy @ PACA**



**R\$50,00 per month**

Child's Name (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 you 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 Valmir Miranda at [valmir.soares@aisint.org](mailto:valmir.soares@aisint.org) or by cell (11) 99721-7287.*

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

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