AFRIKANA COMMUNITY CENTER INC.

AFRIKANA UNITED FC

YOUTH SOCCER APPLICATION FORM

One application per player | Ages 6 and up | Registration open

Complete one application for each player. Applications are accepted now, but submitting this form does not guarantee team placement. Age groups, team capacity, practice times, and the Louisville field location will be confirmed after applications are reviewed.

PARENT OR GUARDIAN INFORMATION

Parent/guardian full name *

Relationship to player *

Preferred language

Phone number *

Email address *

Home address *

City and state *

ZIP code *

PLAYER INFORMATION

Afrikana United accepts applications for youth ages 6 and up.

Player full name *

Date of birth *

Age *

Grade *

School

Jersey/shirt size *

Shorts size *

Preferred playing position (check one or more)

- ☐ Goalkeeper
- ☐ Defense
- ☐ Midfield
- ☐ Forward
- ☐ No preference / new player

Previous soccer experience, current team, or skills we should know (optional)

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MEDICAL, SAFETY, AND ACCESSIBILITY INFORMATION

Allergies, medical conditions, medications, disabilities, accommodations, or other important information

Primary doctor/clinic and phone number (optional)

EMERGENCY CONTACT

Please list someone other than the parent/guardian named on page 1 when possible.

Emergency contact full name *

Relationship to player *

Emergency phone number *

PARENT OR GUARDIAN PERMISSIONS

- [ ] I give permission for my child to participate in Afrikana United youth soccer activities and agree that my child will follow coach instructions, team rules, and safety requirements.
- [ ] If I cannot be reached during an emergency, I authorize Afrikana Community Center representatives to seek appropriate emergency medical assistance for my child. I understand that I remain responsible for medical costs.

Photo and video permission (select one) *

- [ ] Yes - Afrikana may use photos/video for nonprofit outreach
- [ ] No - please do not photograph or record my child

APPLICATION AGREEMENT AND SIGNATURE

- [ ] I certify that the information in this application is accurate. I understand that applying does not guarantee placement, and that age groups, team capacity, practice schedules, field location, uniforms, fees (if any), and season details will be confirmed by Afrikana United.

Parent/guardian signature *

Date *

RETURN YOUR COMPLETED APPLICATION

Email: sports@afrikanacommunitycenter.org

Mail or deliver: Afrikana Community Center Inc., 3050 W Broadway, Suite BB3, Louisville, KY 40211