



Youth Indoor Soccer League 2012



REGISTRATION FORM

Region will determine your practice location. Please check the practice region.

Northern Region	Please Check In Box
Northern Shores Recreation Center	
Creekside Recreation Center	
Southern Region	Please Check In Box
Oakland Recreation Center	
Kings Fork Recreation Center	
Mack Benn, Jr. Recreation Center	

Participant Name _____

Age by Nov. 28th _____ Date of Birth _____ Gender (circle one): Male Female

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Grade _____ School _____

Uniform Size

Please Check the Appropriate Box

Divisions	Youth Small	Youth Med	Youth Large	Adult Small	Adult Med
Coed Novice					
Girls Pee Wee					
Boys Pee Wee					

Divisions	Adult Small	Adult Med	Adult Large	Adult X-Large	Adult 2X-Large
Girls Midget					
Boys Midget					

Has your child ever participated in an organized Soccer League? YES or NO

If so, how long? _____ Years _____ Months

Did your child participate in the same division last year? YES or NO

Parent/Guardian Information

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Emergency Contact _____

Relationship to Participant _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Please list any medical conditions or allergies your child may have:

REMINDER: Staff or volunteer coaches cannot store or administer medications to participants.

Please sign below that you have received and read the Parent Information Sheet

Signature: _____

Office Use Only

Please Print

Proof of Age (Birth Cert. #) _____ Birth State/Country _____ Proof of Residence _____

Amount Paid _____ Date Registered _____ Receipt # _____ Staff Name _____