



Last Name	First Name	Gender	Grade (16-17 School Year)
Address			Date of Birth
City	State	Zip	Would You Be Willing to Coach?
Home Phone #	Parent's Cell #	Other Contact #	
Father's Email:			
Mother's Email:			
Church You Regularly Attend			
Has Your Child Played Soccer Before? If so, how many years?		Is there a night your child would be unavailable for practice?	

PARENT/GUARDIAN INFORMATION:

Father/Guardian _____ Work Phone: _____

I would like to assist the league by being a: Coach? _____ Referee? _____ Team Parent: _____

Mother/Guardian _____ Work Phone: _____

I would like to assist the league by being a: Coach? _____ Referee? _____ Team Parent: _____

Sizing Information: (YXS may not be available depending on styles)

Soccer Jersey Size:
 YXS YS YM YL YXL/AS AM AL AXL AXXL

Soccer Shorts Size:
 YXS YS YM YL YXL/AS AM AL AXL AXXL

Evaluations:

10 Yd. Sprint _____ Shooting _____

Cone Weave _____ Stationary Passing _____

Parent Signature: _____ Date: _____