



2009 FALL SOCCER LEAGUE



SOCCER REGISTRATION FORM

SECTION I: PARTICIPANT INFORMATION

Participant Name: _____

Gender: Male Female Date of Birth: _____ Age: _____

School: _____ Grade: _____

Team/Coach Request: _____

Practice Site Request: Northwest Detroit Eastside Detroit

Midtown/Downtown Detroit Clark Park (SW Detroit and ALL registration for SW is at Clark Park, 4pm—8pm, (313) 297-9328)

ALL LEAGUE GAMES ARE PLAYED AT HISTORIC FORT WAYNE IN SW DETROIT

Health Conditions/Prescription Meds: _____

Shirt Size (circle one): **Youth Sizes:** S M YL XL **Adult Sizes:** S M L XL 2XL

Shorts Size (circle one): **Youth Sizes:** S M YL XL **Adult Sizes:** S M L XL 2XL

SECTION II: PRIMARY PARENT/GUARDIAN INFORMATION (Parent to receive mail, email and phone calls)

Name: _____

Relationship to Player: Father Mother Other _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION III: SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____

Relationship to Player: Father Mother Other _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

SECTION IV: EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship to Player _____

Check box to call emergency contact before calling secondary parent/guardian

Office Use Only Date: _____ Received By: _____ Birth Certificate

Form of Payment: _____ Amount Paid: _____ Special Fee D/E

