



SOCCER REGISTRATION / LIABILITY FORM
(Please complete both sides of this form.)



PLAYER INFORMATION

Player's Name _____ Age _____ Birthdate ____/____/____
mm/dd/yy

Address _____ Phone () _____

City _____ State _____ Zip _____

School _____ Grade entering this fall _____

Male Female Height _____ Weight _____

Shirt size (circle one) child: XS S M L XL Number of prior seasons played _____
adult: XS S M L XL

Date of last season _____ Last Team _____ Last League _____

List any medical problem or prohibition player has. _____

In the event of an emergency, notify:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

PARENT INFORMATION

Parents' Names _____

Daytime Phone () _____ Evening Phone () _____

Other children from your family in this league:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

We ask for active participation of all parents in our program. Please check area(s) where you are willing to help.
Please note: You must be an approved SLFC Childcare worker to volunteer. To apply to work as a Volunteer, please call the volunteer office at 636.733.8367.

Coach

Assistant Coach

Referee

OVER >>>