



YOUTH SOCCER SIGN UPS

All teams are co-ed & divisions will be set up according to number of participants.

Child's name: _____

Date of birth: _____

Address: _____

Phone Number: _____ Cell: _____

Email: _____

Parents Name: _____

Parents Signature: _____

Must have been 4 yrs old by Aug. 31, 2016 to be eligible to participate.

Current Grade: (As of 9/1/16)	<input type="checkbox"/> PK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Shirt Size:

<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	<input type="checkbox"/> A2XL
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PARENTS

PLEASE GET INVOLVED! WITHOUT COACHES, WE WON'T HAVE PROGRAMS!

HEAD COACH ASSISTANT COACH

SIGN UP FEE OF: \$20.00

ANY QUESTIONS CALL OR TEXT SHELLY MONTGOMERY @ 620-205-9926