



WARREN YOUTH SOCCER LEAGUE
PLAYER REGISTRATION FORM

PLAYER INFO:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Sex: M or F Age _____ School: _____

Date of Birth: _____

Father's Name: _____ Phone: _____

Email: _____ Work Phone: _____

Mothers Name: _____ Phone: _____

Email: _____ Work Phone: _____

Father will help with: Team _____ League _____ Referee _____ How? _____

Mother will help with: Team _____ League _____ Referee _____ How? _____

If child played last season please answer the following information:

Team played on: _____ Age Group: _____ Coach: _____

Following forms/items REQUIRED to process registration. Please check if items are accompanying this Registration. NO child will be placed on a team or registered without this information:

- Copy of child's birth certificate
- Small picture
- Medical release from filled out completely and signed
- Parent pledge form filled out completely and signed

Comments: _____

You may request a team to play on, however all are not granted due to availability of space.

*****Below for League use only*****

Payment style: Cash Check# _____ Money Order # _____

Amount of payment \$ _____ Single or multiple child _____

Are the following items completed and or included?

- Birth certificate
- Picture
- Signed medical release
- Parent pledge

Official receiving form _____ Date _____ AGE GROUP: U _____

Processed Date _____