

Soccer Registration & Evaluation Form



Participant Information:

Last Name First Name MI

Gender Grade Church (If you regularly attend church, which one?)
(21-22 School year)

Date of Birth / / How many years has your child participated in this sport?
Month Day Year

NOTES:

Participant's Parent/Guardian Information:

☐ **Father/Guardian**

Address City State Zip

Home Ph. Mobile Ph. Email

I would like to assist this league by being a: ☐ Coach ☐ Referee ☐ Assistant Coach

☐ **Mother/Guardian**

Address City State Zip

Home Ph. Mobile Ph. Email

I would like to assist this league by being a: ☐ Coach ☐ Referee ☐ Assistant Coach

☐ **Emergency Contact** Email Mobile Ph.

Practice Preferences:

If applicable, check **ONE** night your child **CANNOT** practice: **MON** **TUE** **WED** **THU** **FRI**

Carpool Link (only same age/grade and gender) (other player must also list your child as their carpool link)

Sizing:

☐ Jersey Size:

☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL/AS
☐ AM ☐ AL ☐ AXL ☐ A2XL

☐ Shorts Size:

☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL/AS
☐ AM ☐ AL ☐ AXL ☐ A2XL

Evaluations (coaches use only):

10 Yard Sprint Breakaway Dribble

20 Yard Sprint Stationary Passing

Cone Weave Dynamic Shooting

Items Purchased:

Office Use Only:

Date: Payment Type: Amount Paid: Note: