

Massapequa Soccer Club

Season _____

Year _____

Player Registration

Squirts Only : Morning

Afternoon

No preference

New player in Massapequa Soccer Club (Birth Certificate required)

Player:

Last Name

First Name

Gender:

Boy

Girl

Date of Birth:

____ / ____ / ____

Address:

Street

City

State

Zip Code

Communication:

____ - ____ - ____
Home Phone

____ - ____ - ____
2nd Phone

Email Address

Contact 1:

Mother

Father

Relative

Other

Last Name

First Name

Address (If different than player)

____ - ____ - ____
Home Phone (If different than player)

____ - ____ - ____
Mobile Phone

Contact 2:

Mother

Father

Relative

Other

Last Name

First Name

Address (If different than player)

____ - ____ - ____
Home Phone (If different than player)

____ - ____ - ____
Mobile Phone

Volunteer: Remember this is a volunteer organization - we need your help!

Volunteer's Name : _____

Coach

Assistant Coach

I can't coach but am willing to help out in other ways

Consent:

I give my consent to have my son/daughter participate in the Massapequa Soccer Club program. If in the event your child had been placed on a team for which we cannot obtain a coach, that team will be disbanded and you will receive a refund.

Parent or Guardian Signature

Date

Official Use:

Birth Certificate Checked

Fee: _____

Payment: Cash Check

Check No: _____

Date Registered : _____

Registrar: _____

Entered