

CAPITAL SOCCER CLUB ACADEMY SOCCER REGISTRATION FORM 2008-2009

Please print clearly and legibly and fill out completely:

PLAYER INFORMATION

FIRST NAME _____ LAST NAME _____ [] MALE [] FEMALE
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE (____) _____
Date of Birth _____ AGE: _____

PARENT/GUARDIAN INFORMATION

FATHER'S NAME _____ OCCUPATION _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
FATHER'S EMAIL ADDRESS _____
MOTHER'S NAME _____ OCCUPATION _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
MOTHER'S EMAIL ADDRESS _____

MEDICAL INFORMATION

Known allergies of player _____
Any other notable medical problems _____
Family physician _____ Phone _____ Preferred hospital _____
Person to contact if parent/guardian is unavailable _____
Home phone _____ Cell phone _____

As guardian for _____, I hold Capital Soccer Club and its representatives harmless from any injury that may occur during tryouts.

Signature of parent/guardian Date

PARENT SUPPORT [] Head Coach [] Assistant Coach [] Team Manager

| | | |
|--------------------------------|------------|----------------------|
| <u>Club Use Only</u> | | |
| _____ Completed Evaluations | _____ | Team Placement _____ |
| _____ MYSA Paperwork Completed | _____ | Age Bracket _____ |
| 2008/2009 Fees: _____ | Date _____ | Check # _____ |