

SALLISAW YOUTH LEAGUE SOCCER SIGN UP APPLICATION

SPRING 2014

CHILD NAME: _____

ADDRESS: _____

CITY: _____

PARENT(S)/GUARDIAN: _____

MAIN CONTACT PHONE NUMBER: _____

(DO YOU PREFER: TEXT ___ OR CALL ___)

PLAYER AGE: _____ **PLAYER BIRTHDATE:** _____

CONTACT IN CASE OF EMERGENCY:

_____ **PHONE:** _____

DID YOUR CHILD PLAY SOCCER FALL 2013 (CIRCLE ONE)? YES NO

IF YES, COACH'S NAME _____

REQUEST FOR SAME COACH (CIRCLE ONE)? YES NO NO PREFERENCE

ATTENTION PARENTS:

**HELP IS NEEDED, PLEASE CHECK BELOW IF YOU'RE AVAILABLE TO HELP IN
EITHER AREA-NO EXPERIENCE NECESSARY!**

_____ **COACH** _____ **REFEREE**

**(WE ALWAYS APPRECIATE ANY HELP BUT PLEASE MAKE SURE IF YOU
VOLUNTEER YOU ARE ABLE TO COMMIT THE TIME TO THESE KIDDOS-IT'S
ALL ABOUT THEM!)**

CHILD'S JERSEY SIZE (CIRCLE ONE): (YOUTH) XS S M L

(ADULT) S M L

**Parent/Guardian signature (this is for permission for child to play and that you have received the Youth
League Soccer guidelines and understand and agree to the terms)**

X _____

OFFICE USE ONLY:

PAID BY: CASH CHECK CHECK # _____

BC VERIFIED BY _____