BOYS & GIRLS CLUB OF BETHALTO – _____ SOCCER REGISTRATION

PLEASE PRINT

NAME_____ Male _____ Female _____

ADDRESS _____ CITY_____

DATE OF BIRTH ____/____/____SCHOOL _____ GRADE_____

PARENTS EMAIL_____ PHONE_____

Parent/Guardian Name_____ Will you coach a team? Y or N

Player's Shirt Size				
Youth	YS	YM	YL	
Adult	AS	AM	AL	AXL

** I, the parent or legal guardian of above-named minor, do hereby consent and agree that the child may participate in this program. It is agreed that the Boys and Girls Club of Bethalto, staff, and volunteers assume no legal liability for injuries or other loss as a result of such participation.

Played Last Year: Yes / No Last Years Team_____

*Request _____

**Parent/Guardian Signature_____

* Request of team/coach/player does not guarantee placement. ** Please read waiver before signing.

FOR OFFICE ONLY

Date: _____ Membership: _____

Program: Soccer Soccer Tots Program Fee: _____

Age (as of Sept 1st of current year): _____ Fundraising: Candles: Full Half Candy: Full Half

Male_____ Female_____

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