

**2009 North Logan Soccer
Registration Form**

PLAYER INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____

Phone No.: _____ Gender: Male / Female

Date of Birth: _____ Age as of 12/31/2009: _____

*Logan County Soccer Association determines player's league by age of 12/31/09

Please circle correct league:

6U (4, 5, 6 y/o) **8U** (7 & 8 y/o) **10U** (9 & 10 y/o) **12U** (11 & 12 y/o)

\$30.00 (if using, Good Quality Uniform from last year)

\$40.00 (if New Uniform needs to be ordered)

UNIFORMS:

Please circle size for your child:

Youth:

Shirt: S M L XL

Short: S M L XL

Adult:

Shirt: S M L XL

Short: S M L XL

EMERGENCY INFORMATION:

Parent/Guardian: _____

Phone No: _____ Work No: _____

Emergency Contact Person: _____

Phone No: _____

Allergies/Medical Alerts: _____

I hereby release North Logan Soccer Association of all liability in case of an accident or injury while the said child is participating in any or all activities sponsored by the said organization.

Signature of Parent/Guardian: _____ Date: _____

OFFICIAL USE ONLY

Team: _____ Coach: _____

Birth Cert: YES / NO If NO, on file YES NO

Code of Conduct given: (Date) _____

Method of Payment: _____ Cash _____ Check # _____