

Fall Soccer REGISTRATION

Note: Registration MUST be completed & submitted prior to your child's participation
- Registration Fee: \$30/child or \$45/family Financial Aid Available

Player #1 Name: _____ Age: ____ Grade: ____

Player #2 Name:		Age:	Grade:
Player #3 Name:		Age:	Grade:
Parent/Guardian Name(s):			
Home Ph#:	Work Ph#:	Cell Ph#:	
Email Address:			
Physical Address:			
Mailing Address:			
Emergency Contact #1:		Phone#:	
Emergency Contact #2		Phone#:	
Does your child have any con	ditions, medical or otherwise, we should be aware of?:		
of The Neighborhood House the conduct of the activities.	above named child(ren) hereby give approve their parti youth sports program during the coming season. I assu I hereby waive all claims against The Neighborhood Ho of the supervisors in case of injury to my child(ren). I re hild to or from the activities.	ume all risks and l ouse and its direc	nazards incidental to tors, volunteers,
Parent/Guardian Signature:			Date: