# KINZUA SOCCER CLUB REGISTRATION SPRING 2010

Please fill out and present with a check made payable to **"KINZUA SOCCER CLUB"**

**PLAYER NAME**_____**BIRTHDATE**_____

**ADDRESS**_____**PHONE NUMBER**_____

**AGE GROUP/SEX** (PLEASE CIRCLE) **BOYS GIRLS U-16 U19**

SPRING SEASON U16 U19 NEW PLAYERS @$55.00 _____

JERSEYS (1-PURPLE & 1-GRAY) @$20.00 (IF NEEDED) _____
SIZE (PLEASE CIRCLE) S M L XL

IF ORDERING REPLACEMENT JERSEYS PLEASE
LIST YOUR JERSEY NUMBER _____

**TOTAL** $_____

**PAYMENT CHECK # & AMT**_____ **CASH**_____

(IF PAYMENT COMBINED WITH SIBLING- SIBLING'S NAME_____

**<u>SOLID BLACK</u> SOCKS AND <u>SOLID BLACK</u> SHORTS ARE REQUIRED FOR GAMES;**

**PLAYERS ARE RESPONSIBLE FOR BRINGING A SIZE APPROPRIATE BALL TO EVERY PRACTICE** (Size 5 for U16 and U19)

**I have attached:**

_____ Proof of age (new players only) photocopy of birth certificate

_____ Medical release form Forms are available from the coaches

____ Travel release form

_____ 1" X 1" photo (please no larger than 1" X 1")

____ Check made payable to: "Kinzua Soccer Club"

_____ I have read the Kinzua Soccer Club's disciplinary policy

Players Signature_____ Date_____

Parents Signature_____ Date_____

E-mail address_____

**No refunds**