WEST JERSEY SOCCER CLUB REGISTRATION FORM

PLAYER: ***Please circle one*: *NEW Player*** ***CURRENT Player***

Name (*first and last as it appears on birth certificate*): MALE or FEMALE

_____

Date of Birth: _____

Address: _____

_____

School Player attends: _____

Township player resides in (if different than mailing address above):

_____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian's Name(s): _____

Parent/Guardian Phone Numbers: _____(Home)

_____(Cell)

Parent/Guardian Email: _____

UNIFORM SIZE OF PLAYER:

Shirt: YM YL AS AM AL AXL SHORT: YM YL AS AM AL AXL

MEDICAL CONCERNS FOR PLAYER:

_____

_____

Please help in anyway that you can with our soccer club. If you are able to help with any of the following please indicate:

Advertising _____ Club Fundraising _____ League Representative_____

Team Parent_____ Social Coordinator_____ Parent Coach _____
(finding places to eat, parties, etc..) (must be licensed)

Other_____