

# Pearce Youth Soccer Registration Spring 2010

## Player Information (Games Begin Sept. 11th and End Oct. 16th)

(please print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthday: \_\_\_\_\_  
Month / Day / Year

Age: \_\_\_\_\_ Experience: \_\_\_\_\_ (number of seasons played)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Jersey (T-Shirt Size):

Please indicate the size jersey you would like

- Youth small
- Youth medium
- Youth large
- Adult small
- Adult medium
- Adult large

*F o u n d a t i o n :     \$ 3 0 . 0 0*

*M e m b e r :             \$ 4 0 . 0 0*

*N o n - M e m b e r :     \$ 6 0 . 0 0*

*Please Indicate Form of Pay*

*Check # \_\_\_\_\_ / Cash / Credit*

*Registration Fee \_\_\_\_\_*

*Total Amount Paid \_\_\_\_\_*

*Date Paid \_\_\_\_\_*

### Guardian Information

Please circle the correct relation

**Mother / Father / Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

**Mother / Father / Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

As a participant in the Youth Soccer Program, I assume all risks of possible injury involved through participation in this program and agree to hold harmless PEARCE COMMUNITY CENTER, INC.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are interested in volunteering as a Coach please mark the box. Also please fill out the other information. Coaches will receive a 50% refund off there children's registration if selected. Coaches will be selected by experience and on the timing of when they registered.

Coach \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_