

Manasota Youth Soccer League

REGISTRATION FORM – 2020-21



Player Pass Number _____
Name _____ Age Group U- _____
Address _____
City, State, Zip _____

Date of Birth _____ Sex () M () F Phone _____

Email Address _____ Year born _____

Medical Insurance/Company Name _____
Medical Conditions or Allergies _____

Dad's Name _____ Phone: _____

Mom's Name _____ Phone: _____

Person(s) to call in case of emergency (other than Parents) _____
Emergency Phone _____ Relationship to child _____

UNIFORMS

CIRCLE ONE SIZE

Jersey Size _____ Small _____ Medium _____ Large _____

I understand that by signing below I am either agreeing to or disagreeing to allow my child _____ to be photographed and/or videotaped by Manasota Youth Soccer League.

_____ I agree _____ I disagree

Parent/Guardian Signature: _____ Date: _____

*****For Registrar's Use Only*****

Fee Paid: _____ by ()Cash ()Check No _____ Total # of players paid for _____

Parents signature _____ Picture _____

Copy of Birth Certificate (if needed) _____ (Hospital certificates are not acceptable)

TO BE FULLY REGISTERED, THIS PLAYER REQUIRES THE FOLLOWING _____