

B4LSA Leg A-Z Soccer 2020-2021 Player Registration

PLAYER INFORMATION

Please print

Last name _____ First name _____

Gender _____ Birthdate _____ Grade _____ School _____

Physical Address _____

City _____ State _____ Zip code _____

Mailing address _____

Home phone _____ Cell phone _____

Email _____

PARENT/GUARDIAN INFORMATION

Mother _____

Home phone _____ Cell phone _____

Father _____

Home phone _____ Cell phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Name _____ Phone _____

Allergies _____

Other medical conditions _____

Physician _____ Phone _____

Medical/Hospital Insurance Company _____

Policy holders name _____

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Leg-A-Z Soccer, the state association (FYSA) and all its affiliated organizations. By signing this we are committing to play with Leg-A-Z for the 2020-2021 soccer season.

Print name _____ Signature _____ Date _____