

**5<sup>th</sup> & 6<sup>th</sup> grade**  
**Breese Youth Sports Inc**  
SOCCER LEAGUE

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_

Dad Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Please list child's first & last name, date of birth and their grade they will enter in this fall

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Shirt Size.. Childs Size Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Adult Size Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-large \_\_\_\_\_

Would you be interested in coaching Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes  
Shirt Size \_\_\_\_\_

This is to inform the Breese Youth Sports Inc. that my/our child/children listed above, participating in the Soccer Program is/are covered under a Health and Accidental Insurance Plan. I/We release Breese Youth Sports Inc. ,and SWIS assistants, and coaches from claims resulting from the Breese Soccer or SWIS Program.

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

**\$40.00 for 1 child / \$25.00 for second child/ \$75 for Family**