

7th & 8th grade
Breese Youth Sports Inc
SOCCER LEAGUE

Parent's Names _____

Address _____

City _____ **Zip** _____

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 this fall _____ **School** _____

Shirt Size.. Childs Size Small _____ Medium _____ Large _____

Adult Size Small _____ Medium _____ Large _____ X-large _____

Would you be interested in coaching Yes _____ **Shirt Size** _____ **No** _____
If yes

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