

**1<sup>st</sup> & 2<sup>nd</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 this fall** \_\_\_\_\_ **School** \_\_\_\_\_

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

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

**If yes to coaching**

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

**This is to inform the City of Breese. 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 the City of Breese, and SWIS assistants, and coaches from claims resulting from the Breese Soccer or SWIS Program.**

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

**\$50.00 for 1 child / \$75 for 2 and \$90 for a family of 3 or more**

If you have any Questions please Contact Vaughn Douglas [breeseyouthsports@gmail.com](mailto:breeseyouthsports@gmail.com)