

**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 \_\_\_\_\_

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**