

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 _____

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 Bruce or Iantha Kruep breeseyouthsports@gmail.com