

# Westview Wesleyan Soccer Registration

## Player Information

Name: \_\_\_\_\_  
Last First Middle Goes By

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
Street City State Zip Code

## Parent/Guardian Information

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Text?: Yes No  
\_\_\_\_\_ Text?: Yes No  
\_\_\_\_\_ Text?: Yes No

Email: \_\_\_\_\_

## Additional Information

Shirt Size: YS YM YL AS AM AL

Short Size: YS YM YL AS AM AL

Has your child ever played soccer before? \_\_\_\_\_ If so, how many seasons? \_\_\_\_\_

Sibling Name(s) (participating in the program) \_\_\_\_\_

Carpool Name(s) \_\_\_\_\_

Note: Accommodations for carpool will not be guaranteed, but will be taken into consideration when teams are setup.

What night do you prefer to practice? Monday Tuesday

The player will receive a treat after each match. Does your child have any food allergies? \_\_\_\_\_

If yes, what type(s) of allergies? \_\_\_\_\_

Does your child have any other medical conditions or allergies of which we should be made aware?  
\_\_\_\_\_

If you plan to leave the area while your child is participating, please list an emergency contact in case you cannot be reached.

\_\_\_\_\_  
Name Contact Phone Number

OFFICE USE:  
\_\_\_\_\_ amount paid (Financial Assistance available upon request)