

SPPS SOCCER

PLAYERS NAME _____ MALE _____ FEMALE _____

ADDRESS _____

MOTHER'S NAME _____ PHONE # _____

FATHER'S NAME _____ PHONE # _____

GUARDIAN'S NAME _____ PHONE # _____

ENTERING GRADE _____ BIRTH DATE _____

SHIRT SIZE: YS YM YL AS AM AL AXL

**MY CHILD HAS ACCIDENT INSURANCE AND WE AGREE THAT
SPPS AND COACHES WILL NOT BE HELD RESPONSIBLE FOR
ANY INJURIES SUSTAINED DURING THE SOCCER SEASON. A
SPORTS PHYSICAL IS REQUIRED.**

LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

\$50.00 FOR FIRST CHILD, \$30.00 FOR EACH ADDITIONAL CHILD

PD _____ CHECK # _____ CASH _____