

PC REC FALL SOCCER REGISTRATION FORM

Office Use Only	
Date:	
Amount paid: \$	
Receipt #:	

Please Check One:								
☐ U6 Soccer: (Coed 4-6): Ages as of August 1 st			☐ U8 Soccer: (Coed 7-8): Ages as of August 1 st					
\square U10 Soccer: (Boys 9-10): Ages as of August 1 st			\square U10 Soccer: (Girls 9-10): Ages as of August 1 st					
☐ U12 Soccer: (Boys 1	\square U12 Soccer: (Girls 11-12): Ages as of August 1 st							
Socc	er: (\$50.00) (\$10.00 LATE I	FEE & \$25	.00 NSF FE	E WILL AI	PPLY)		
"DE	ADLINE FO	R REGIST	RATIO	N SEPTE	MBER 1	1 TH "		
Uniform Size: □YXS	S □YS	$\square YM$	$\Box YL$	$\Box AS$	$\square AM$	$\Box AL$	□Other	
Complete the personal in	ıformation in the	e box below (Or	nly one chi	ld per forn	n):			
Parent's Email Address	(Required):							
Child's Name:								
		DOB:						
School Attending:								
Home Address:		City:				Zip:		
Mother's Name:				Cell#:		Work#:		
						Work#:		
Siblings Participating:_								
My undersigned signature basis and that there may b and encourages all partici	e an element of r	isk involved. P	C Rec is no	t responsib				
By acceptance of these co discharge PC Rec, and all for any and all damages, participation in this volun	its representativ losses, or injurie	es from any an es which may b	d all claim	s and dem	ands of ever	y kind, mature	and character,	
PARENT/GUARDIAN SIGN	NATURE:					_DATE:		
Volunteers Needed, Volunteers Needed, Volunteers up and volunteers						and all due to	the people	
	□Coach	□Assistant C	•	Other Vol	,			
Coach Shirt Size:	$\Box AM$	$\Box AL$		XL .	□AXXL	$\Box AXXXL$	□Other	
Office Located @ Multi-U Office Hours: Monday thr	•	•	•			-3870		

DO NOT SEND BACK TO SCHOOL! Please Mail Forms to the above or bring to PC Rec Office located@Multi Use Facility