



# REIGN FC SELECT PROGRAM REGISTRATION

Please print legibly and fill out all areas completely.

DEADLINE: AUGUST 1, 2020

## PLAYER INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER (circle one):    MALE        FEMALE

TSHIRT SIZE (youth small -youth xlarge): \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS(S): \_\_\_\_\_

## ALLERGIES/MEDICAL CONDITIONS THAT WE SHOULD BE MADE AWARE OF:

**Cost for the Select program is \$100 for the FALL 2020 session and SPRING 2021 session.**

**Mail in your registration form and payment by August 1, 2020. Please make checks payable to:  
St Clair Shores Select Soccer and mail to: 23433 Deziel Street St Clair Shores, 48082**

**If you would like to pay online, please send an email to: [admin@stclairshoresreignfc.com](mailto:admin@stclairshoresreignfc.com)**

**\*\*If our session is affected by Covid-19 and we are unable to proceed a refund will be issued\*\***