



Futsal Player Registration Form

Player Last Name:		First Name:	
Gender:	Birth Date:	Age:	
Jersey preferred #:		Shirt Size:	
Street Address:		Apt. #:	
City:	State:	Zip:	
Mother's Name:			
Email Address:			
Phone:			
Father's Name:			
Email Address:			
Phone:			

I, the parent/guardian and player understand and acknowledge that in signing below I acknowledge all information above set forth is true and correct to the best of my knowledge.

PRINT PARENT/LEGAL GUARDIAN NAME:

Parent/Legal Guardian Signature: Date:

PRINT PLAYER'S NAME:

Player's Signature: Date: