

Registration Form for Raytown Soccer Club

Players and Coaches must complete a separate form per team participating

RECREATIONAL ___ New ___ Return Experience Rec ___ (yrs.)	COMPETITIVE ___ Primary ___ Secondary Comp ___ (yrs.)	AGE GROUP ___ GENDER ___ Coach/Assistant _____ License# _____
TEAM NAME _____ COACH _____ Name of player wanting to play with _____		
ID NUMBER _____ (state birth certificate number)		
Players First Name _____ Middle Int ___ Last Name _____		
Address _____ City _____ State ___ Zip _____		
Contact person's email address _____		
Phone # (____) _____ - _____ Players Date of Birth ____ - ____ - ____ Male ___ Female ___		
School Player will attend _____ Grade _____		
Medical Problems or Prohibitions _____		
Player Resides with Both ___ Mother ___ Father ___ Legal Guardian _____		
Father _____ Cell phone _____ Work _____		
Email _____		
Mother _____ Cell phone _____ Work _____		
Email _____		
Emergency Contact Person (other than parents) Name _____		
Relationship _____ Phone (h) _____ Cell _____		
Have you ever lived in a foreign country? _____ If yes, when did you enter/re-enter the United States? _____ (Any player U14 and older that answers yes or has a foreign birth certificate, must fill out the US Soccer International Clearance Request Waiver and submit to US Soccer before player can be rostered to team)		
Signature of Parent or Gardian: _____ Date: ___/___/___		
THIS SECTION TO BE COMPLETED BY LEAGUE OFFICAL Date _____		
Copy of State Birth Certificate Y N		
League Fee \$ _____ Charge Card MC ___ Visa ___ Check _____ Cash _____		
2 ND Child \$ _____		
Total \$ _____		