



SEM CY

(Sports, Education and Mentoring for Children and Youth)



Registration Form

NO REFUNDS after one Mount

First Name:

Last Name:

player:

address1

address2

city/p/c

phone:

Email:

Birthdate:

Gender:

League Age:

My Child will TryOut for

Soccer

Track and Field

Parent # One

Parent # Two

Name:

Phone:

Email:

Occupation

Volunteer ?

Name:

Phone:

Email:

Occupation

Volunteer ?

Medical Information

League use Only

Emergency Contact

Relationship to player

Phone:

Birth Certificate

Proof of residency

Medical release form

Waiver needed ?

Level Assigned

Team Name

Parental/Guardian Consent:

Parental/Guardian Consent: I do hereby consent and agree that the above named minor may participate in the Sports, Education and Youth (SEM CY) program. I understand that soccer involves incidental body contact and there is a risk of injury. I also agree as a result of participation or in traveling to and from games, and/or tournaments. I understand that shinpads are mandatory recommended. I have read and understand and give consent for SEM CY uses and users of the personal information contained above

Signature of Parent/Guardian:

Signature: _____

Date: _____