



SOCCKER REGISTRATION FORM

DATE _____ PAID BY: CHECK# _____ CASH _____ BIRTH CERT. _____
(Please print or type) *Checked/Initial*

NAME _____
(First) (Middle) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ AGE *Sept. 1, 2022* _____ MALE / FEMALE
(Circle One)

PARENT(S) _____

TELEPHONE (H) _____ (W/C) _____

LAST TEAM _____ TEAM ASSIGNED _____

RESIDENT OF: *(Circle One)*

CITY OF EMPORIA GREENSVILLE CO. OTHER _____
(Specify)

Please circle your child's t-shirt size:

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

PERMISSION FORM *(Please Read Before Signing)*

By signing this permission form, my family and I pledge that we will observe good sportsmanship and may lose our right to participate if this rule is violated. I understand that a fee must accompany this application and there are **NO REFUNDS unless deemed necessary by EGRA**. I also understand that I am responsible for returning all uniforms and equipment at the last game or will have to pay replacement costs.

SIGNED _____
(Parent/Guardian)

*****VOLUNTEERS NEEDED: Check if interested: *****

____ Head Coach _____ Assistant Coach



**FORM MUST BE COMPLETELY FILLED OUT TO
PARTICIPATE IN EGRA SPORTS PROGRAMS:**

In the event of a canceled season, due to COVID-19, please fill out
the following information to receive a refund:

Players Name: _____

Refund Check Made Payable To: _____

Refund Check Mailed To Address: _____

City _____ State _____ Zip _____