

BROOKINGS HIGH SCHOOL 2009 FALL SOCCER REGISTRATION FORM

Player Name: _____ Date of Birth: _____ Gender: M F

Player Mailing Address: _____

Home Phone: _____ Grade in Fall 2009: 9 10 11 12

Parent/Guardian(s) Names: _____

Parent/Guardian(s) Address: _____

E-mail Addresses: Parent _____ Parent _____ Player _____

Parent/Guardian(s) Work Phone: Parent _____ Parent _____

Parent/Guardian(s) Cell Phone: Parent _____ Parent _____

Primary Contact in Case of Emergency (*other than your parent or legal guardian*)

Name: _____ Relationship: _____ Home Phone: _____ Day Phone: _____

I, the parent/guardian, and I the player, have read and understand and agree to abide by the policies as outlined in the registration packet and code of conduct.

Parent/Guardian Signature Date Player Signature Date

For Soccer High School Secretary Please do not write in this area	Parents check off column
Registration Form and Fee	
Copy of Birth Certificate (if new player)	
Medical Release Form	
BHS Acknowledgement of Risk	
BHS Training Room Form	
Player Information Sheet for Programs	
Internet Parents/Student Permission	
Physical Taken/Form Turned In	
Volunteer Disclosure Statements	

Team Assignment _____

If you are new to high school soccer!

**ATTACH COPY
OF BIRTH CERTIFICATE
HERE**
