

Tantasqua Regional Fall Youth Soccer League, Ltd.

Sturbridge T. R. Y. Recreational Fall Soccer

P.O. Box 43, Sturbridge, MA 01566

www.tantasquasoccer.com

Please Print Clearly

Player Name: _____ DOB: _____

Mailing Address: _____ Town: _____

Home Phone: _____ Zip: _____

Home Address: _____ Town: _____

Cell/Work Phone: _____ Zip: _____

Parent/Guardian email: _____ Male: _____ Female: _____

Has child played soccer before? Y or N Approximate number of years: _____ Shirt Size: _____

Siblings/family members playing soccer also? Y or N Name and yr of birth: _____

*Registration fee is \$25.00 per child, prior to May 15th; *After* May 15th, registrations will be accepted until June 15th, with a \$25.00 additional late fee; Registrations close June 15th*

No registration will be accepted after June 15th, as team rosters will be finalized

Parent(s) or Guardian(s) willing to:

COACH: _____ ASST COACH: _____ NAME: _____

REFEREE: _____ NAME: _____

Mandatory Equipment: Team Jersey, shinguards, sport shorts (no pants), stockings, soccer cleats or turf shoes. (Pee Wee division only may use sneakers.)

Prohibited: EARRINGS or jewelry of any kind, baseball/football cleats (type with cleat at the toe), long pants or shorts with zippers, snaps and other items deemed unsafe by a referee.

The above named child must be at least five (5) years old before December 31st, and will not reach their eighteenth (18th) birthday before December 31st, of this calendar year. I will furnish a birth certificate of the above named child to League Officials upon request.

Please Print

Parent/Guardian name: _____

Signature

Parent/Guardian name: _____ Date: _____

League use only:

Age: _____ Division: _____ Team: _____

Check # _____ Amount _____