

*Volunteer Coaches Needed!*

Sports can build a great bond between a child and parent.  
No experience necessary - we provide the training.



**Please Volunteer to Coach!**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Player and Family Information**

\_\_\_\_\_  
Player's First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Male/Female

\_\_\_\_\_  
Birthday (MM/DD/YR)

\_\_\_\_\_  
Grade

Shirt Sizes (Please Circle One)

YXS    YS    YM    S    M  
4/5    6/8    10/12    Adult    Adult

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please fill in Village of \_\_\_\_\_ OR Town of \_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address (for future program information)

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Emergency Contact (other than parent)

\_\_\_\_\_  
Emergency Contact's Phone #

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Doctor's Name and/or Clinic

\_\_\_\_\_  
Phone

As the parent/s of a Central St. Croix Rec. Soccer participant I/we hereby consent to assume all responsibility for any injury or losses that may occur to my daughter in conjunction with Central St. Croix Rec. Soccer. My child and I have read the Parent/Player Code of Conduct and agree to abide by it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Please Print Name)

\_\_\_\_\_  
Signature