



WARREN YOUTH SOCCER LEAGUE  
PLAYER REGISTRATION FORM

PLAYER INFO:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: M or F Age \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father will help with: Team \_\_\_\_\_ League \_\_\_\_\_ Referee \_\_\_\_\_ How? \_\_\_\_\_

Mother will help with: Team \_\_\_\_\_ League \_\_\_\_\_ Referee \_\_\_\_\_ How? \_\_\_\_\_

If child played last season please answer the following information:

Team played on: \_\_\_\_\_ Age Group: \_\_\_\_\_ Coach: \_\_\_\_\_

Following forms/items REQUIRED to process registration. Please check if items are accompanying this Registration. NO child will be placed on a team or registered without this information:

- Copy of child's birth certificate
- Small picture
- Medical release from filled out completely and signed
- Parent pledge form filled out completely and signed

Comments: \_\_\_\_\_

You may request a team to play on, however all are not granted due to availability of space.

\*\*\*\*\*Below for League use only\*\*\*\*\*

Payment style: Cash Check# \_\_\_\_\_ Money Order # \_\_\_\_\_

Amount of payment \$ \_\_\_\_\_ Single or multiple child \_\_\_\_\_

Are the following items completed and or included?

- ☐ Birth certificate
- ☐ Picture
- ☐ Signed medical release
- ☐ Parent pledge

Official receiving form \_\_\_\_\_ Date \_\_\_\_\_ AGE GROUP: U \_\_\_\_\_

Processed Date \_\_\_\_\_