



Sporting Lee's Summit SC
COMPETITIVE PLAYER REGISTRATION
Form

Team Name												
Division (Circle One)	BU07	BU08	BU09	BU10	BU11	BU12	BU13	BU14	BU15	BU16	BU17	BHS
	GU07	GU08	GU09	GU10	GU11	GU12	GU14	GU14	GU15	GU16	GU17	GHS
Head Coach												

Player Information

Player's Full Name:	
Birthday (MM/DD/YYYY):	
Home Street Address:	
Home City, State, Zip Code:	
Player's Phone:	
Player's Email:	

Contact Information

Father's Information	Mother's Information
Name:	Name:
Phone (1):	Phone (1):
Phone (2):	Phone (2):
Email:	Email:
Other:	Other:

Emergency Contact Name:	
Phone Number(s):	
Player's Known Medical Conditions:	

Agreement

I, the parent or legal guardian of the above registered player, agree that the team for which the player is being registered will be his/her:

PRIMARY team - Activities set forth by the Head Coach and the league for this team, including practices and game attendance, will take precedence over other involvement in the sport of soccer during this time. I understand that my player's non-attendance and/or participation in team activities can result in his/her involuntary separation from the team and/or the league, at the discretion of the Head Coach or the league officials.

SECONDARY team - Attendance at practices, games, and activities will be based on availability of the player around the scheduled activities of his/her primary team and/or other activities.

Signature:		Date:	
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