

**Wisconsin Rapids Competitive Youth Soccer**  
**Spring 2008 - New Player Registration**

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**Player Information**

Name: \_\_\_\_\_

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

City, St, Zip: \_\_\_\_\_ Phone number \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address for soccer information: \_\_\_\_\_

Circle one: Gender: **Male -or- Female**      Circle one: Team Preference **Coed -or- Girls**

**U-10** players only \_\_\_\_\_ ➔ Circle one: **Tournament -or- Non-Tournament**      **Birth Certificate Verification**  
(Tournament teams participate in up to four weekend-long tournaments during the season)

By: \_\_\_\_\_

**The Kickers will be accepting donations towards a uniform fund. Please consider a donation to assist.**

**Voluntary Donation to New Uniform Purchase \$** \_\_\_\_\_

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**Parent/Guardian's Information**

(Please fill in address and phone information **only** if it is different than the player's.)

**Father's/Guardian's Information**

Name \_\_\_\_\_

Addr \_\_\_\_\_

City St Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Mother's/Guardian's Information**

Name \_\_\_\_\_

Addr \_\_\_\_\_

City St Zip \_\_\_\_\_

Phone: \_\_\_\_\_

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**Emergency Information**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact's relationship to player: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_