

Wisconsin Rapids Competitive Soccer
Player Registration Form

Registration Number: _____

Player's Last Name: _____
First Name: _____ MI: _____
Street: _____
Town: _____
State: _____ Zip: _____

Birthdate: _____
Email: _____

Division: _____ Team: _____

Jersey #: _____
Grade: _____ School: _____

Father's Last Name: _____
First: _____ Phone: _____
Address: _____ Work: _____
Cell: _____

Father will help with _____ Team _____ League _____
Referee _____ How? _____
Email: _____

Mother's Last Name: _____
First: _____ Phone: _____
Address: _____ Work: _____
Cell: _____

Mother will help with _____ Team _____ League _____
Referee _____ How? _____
Email: _____

Emergency: _____ Phone: _____
Cell: _____ Relation: _____
Doctor: _____ Phone: _____
Note: _____
Dentist: _____ Phone: _____
Hospital: _____

Father's Insure Co: _____ Policy #: _____
Mother's: _____ Policy #: _____

Circle one: Coed team Girls Team

Circle one: U-10 Non-Tournament \$90
 10-U19 Tournament \$150

The Rapids Kickers always except voluntary contributions to help the organization.