

GREENE COUNTY RECREATION
SOCCER REGISTRATION FORM

OFFICE USE ONLY

PAID _____ NOT PAID _____
RETURNING TO A TEAM _____
DRAFT _____ AGE _____

NAME _____ BIRTHDAY _____
COMPLETE ADDRESS (please indicate new 911 address)

HOME PHONE _____ DATE _____

SIZES (PLEASE CIRCLE ONE)

SHIRTS: YOUTH SMALL, YOUTH MED., YOUTH LARGE
ADULT SMALL, ADULT MED., ADULT LARGE, ADULT X- LARGE

PANTS: YOUTH SMALL, YOUTH MED., YOUTH LARGE
ADULT SMALL, ADULT MED., ADULT LARGE, ADULT X-LARGE

MOTHER'S NAME _____ WORK PHONE _____
FATHER'S NAME _____ WORK PHONE _____

PERMISSION TO PARTICIPATE GIVEN BY _____