



**FORT SMITH  
BOYS & GIRLS CLUBS**

# SOCCER REGISTRATION

For Official Use Only	
DATE _____	REGISTRATION NO. _____
PLAYER AGE _____	PLAYER GRADE _____
FSBGC CARD NO. _____	YEAR 20_____
_____ DRAFTEE	
_____ RETURNER	TEAM: _____
RECEIPT NO. _____	STAFF INITS _____

**PLEASE PRINT IN INK & FILL OUT FORM COMPLETELY**

MEMBER NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
First Last

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN (1) \_\_\_\_\_ PHONE \_\_\_\_\_ (OR) \_\_\_\_\_

PARENT/GUARDIAN (2) \_\_\_\_\_ PHONE \_\_\_\_\_ (OR) \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

**PLEASE CHECK APPROPRIATE AGE GROUP** *(Returning players MUST play for last year's team)*

- \_\_\_\_\_ CO-ED MINOR LEAGUE 1st, 2nd, & 3rd grades
- \_\_\_\_\_ CO-ED MAJOR LEAGUE 4th, 5th, & 6th grades
- \_\_\_\_\_ JUNIOR LEAGUE 7th, 8th, & 9th grades

ast Year's FSBGC Team \_\_\_\_\_

Discuss questions, problems, or any other aspect of the program with the coach or a FSBGC staff member. Transportation of participant(s) to/from practices/games are the responsibility of the parent/guardian. Members should bring their FSBGC Membership Card with them each time they attend the Club. Contact the coach if the player is unable to attend a practice/game. Exhibit positive behavior when attending practices, games or the Club. Abuse of Referees, Coaches or FSBGC Staff will not be tolerated. Violators will forfeit their involvement in the FSBGC program(s). Coaches and officials are not professionals, and donate their time voluntarily for the benefit of the participants. **\*\* I hereby give the above FSBGC member permission to participate in this FSBGC activity. \*\***

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_