



**FORT SMITH  
BOYS & GIRLS CLUBS**

# **SOCCER REGISTRATION**

For Office Use Only

Date _____	Registration No. _____
Receipt No. _____	Employee _____
Players Age _____	Grade _____
FSBGC Card # _____	Year 20 _____
____ Draftee	
____ Returner	Team _____

**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)*

- \_\_\_\_\_ STARTER Kindergarten, 1st grade
- \_\_\_\_\_ Co-Ed MINOR 2nd, 3rd grades
- \_\_\_\_\_ Co-Ed MAJOR 4th, 5th grades
- \_\_\_\_\_ Co-Ed JUNIOR 6th, 7th, 8th grades

Last Year's FSBGC Team \_\_\_\_\_

Discuss questions, problems, or any other aspect of the program with the coach, or a FSBGC staff member. Transportation participant(s) to and from practices and games according to the schedules and the FSBGC hours of operation. Members should bring the 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. Abuse of Referees, Coaches, or FSBGC Staff will not be tolerated. Violators forfeit their involvement in the FSBGC program. 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 \_\_\_\_\_