

Check #	Cash	Amount Paid	Notes:
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**** ABOVE INFORMATION FOR ADMINISTRATIVE USE ONLY ****

North Macomb Community Youth Soccer Player Form

NMCYS P.O. Box 248 Romeo, MI 48065 www.nmcys.org 586-615-9982

Fall 2010/Spring 2011 Full Season

Circle One Boy Girl	AGE	BIRTHDATE:	YEARS PLAYED SOCCER
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FIRST NAME	LAST NAME
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EMAIL:	MAIN TELEPHONE:
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STREET ADDRESS	CITY	STATE	ZIP
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Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? YES NO (CIRCLE ONE) IF YES PLEASE DESCRIBE:

FATHER / GUARDIAN

FIRST NAME	LAST NAME
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CELL PHONE:

NMCYS is an All Volunteer/Non-Profit Organization. We will train you. Please Consider Joining our Team.

I volunteer to: Coach Asst Coach Referee Fields Picnic Uniforms Board Call Me Marketing

MOTHER / GUARDIAN

FIRST NAME	LAST NAME
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CELL PHONE:

NMCYS is an All Volunteer/Non-Profit Organization. We will train you. Please Consider Joining our Team.

I volunteer to: Coach Asst Coach Referee Fields Picnic Uniforms Board Call Me Marketing

We need help at the Information Table on Saturday game days Anytime between 8:30am and 5:00pm.

Can you help one half hour per season or more? It's easy and we need you.

Please check here if you can. We will call you to find the best time for you.



TOP SOCCER REGISTRATION SECTION ONLY:

For Physically and Mentally Challenged Children --Please describe your child's abilities, disabilities, challenges:

Tell me more about the Romeo Football Club Travel Division Check Here

I would like to be a Sponsor in any way I can... List Contact Person and Phone Below:

Me and/or my child want to get my referee license -List Names and Ages Below:

I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above -identified Emergency Contact and/or other North Macomb officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical and or dental examination and/or treatment.

Parent/Guardian Signature	Date
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