



# Cascade Fútbol Club Competitive Registration 2012

**PLAYER NAME** \_\_\_\_\_

**TEAM** \_\_\_\_\_ BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PRIMARY EMAIL \_\_\_\_\_ GENDER **M** \_\_\_\_ **F** \_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ RETURNING PLAYER **Y N** PRIOR TEAM \_\_\_\_\_

## REGISTRATION INFORMATION NEEDED

**MEDICAL RELEASE FORM**

**PLAYER CARD PICTURE**

**FINANCIAL OPTION / SCHOLARSHIP**

## **UNIFORM**

Number

\_\_\_\_\_

Jersey Size	YS	YM	YL	AS	AM	AL
Shorts	YS	YM	YL	AS	AM	AL
Socks		SM		MED		LG
Warmup Jacket	YS	YM	YL	AS	AM	AL
Warmup Pants	YS	YM	YL	AS	AM	AL