

WAYLAND - COHOCTON YOUTH SOCCER REGISTRATION

Name: _____ Date of Birth _____

Sex: _____ Current Grade _____

Please Circle Primary Phone Number

Mother's name: _____ Father's name: _____

Mother's phone: _____ Father's phone: _____

Mother's cell: _____ Father's cell: _____

Address: _____

_____ Email: _____

Shirt size (Circle One): YS YM YL AS AM AL

IN CASE OF EMERGENCY CONTACT

In the event of an emergency and the *parent or guardian cannot be contacted*, notify:

Name _____ Relationship _____

Address _____ Phone _____

In case of an injury, the youth will be taken to Noyes Memorial Hospital unless the parent is there.

In the event of questionable weather, parents are asked to stay with your child in case the games need to be cancelled.

**Players must be in kindergarten through 6th grade
This is a Recreational League**

New Players Only: Bring a copy of your birth certificate.

Parent/Guardian Signature _____ Date _____

Forms may be mailed to:

Kim Perkins
10761 Isaman Rd
Wayland, NY 14572

Paid \$20 \$40

Family # _____

Contact Mark Perkins @ 728-9271 with any questions