



Soccer Registration Form

Competition: _____
 Local Program Name: _____
 Local Program Coordinator: _____
 Sport: Soccer
 Team Name: _____
 Age Group: _____ (Select from list)

**** NOTE:** Please submit one soccer registration per team. Also include one Soccer Team Assessment Form per team.
 A 5-a-Side Team roster may not exceed 10 players.

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Cell Phone	Email Address
		Head Coach		
		Asst Coach		
		Asst Coach		
		Asst Coach		

(Required)
 (Optional)
 (Optional)
 (Optional)

List of Athletes and Unified Sports Partners

Team Skills Assessment Scores

	Last Name	First Name	DOB	M/F	U if Unified	Dribbling Score	Control & Pass Score	Shooting Score	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

NOTES: _____