

Player Name:				
DOB:	Assigned School:			
Attending school (if applicable):			2022-23	3 Grade :
Parent/Guardian Na	me:			
Street Address:				
City, State, Zip:				
Email:		Cell:		
Email:		Cell:		
Alternate Phone:				
2020-2021 USA HO (Please attach a coj				
2021-2022 Amateur	team:			
Most recent level (A	AA/AA/A/ho	use):		
Preferred Position:	Forward	Defense	Goalie	
Parent, if interested	in: (Please cir	cle one):		
Coaching	Managing	Board	Member	Fundraising

NEW PLAYERS ONLY: <u>PLEASE ENCLOSE A COPY OF YOUR BIRTH CERTTIFICATE</u> **Varsity Players –** Must identify whether they have repeated a school year. Any Academic/discipline suspensions that occur during the school year must be reported to the coaching staff immediately.