

Under \_\_\_\_\_ league

**Searcy Youth Soccer Association  
Player/Registration Form**

**Player legal name:** First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

**Player Birthdate:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      **Sex:** M or F circle

**Player home address:** \_\_\_\_\_ city \_\_\_\_\_  
**Mailing if different** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Player Phone** \_\_\_\_\_

**Father Name** \_\_\_\_\_

**Father Phone:** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_

**Mother Phone:** \_\_\_\_\_

**Emergency person other than parent** \_\_\_\_\_

**Emergency person phone #** \_\_\_\_\_

**I state that all information above is true and accurate. I release SYSA from any legal and medical process.**

**Adult Signature** \_\_\_\_\_

**Date** \_\_\_\_\_