**Dowling Soccer Club 2020-2021 Registration**

* **Select Soccer Program  Mini Maroons Program**
* **Recreational Soccer Program**

**Player Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Player Name: |  |  | Birthdate: |  |  | Gender |  |
|  |  |  |  |  |  |  |  |
| Address: |  | City: |  | Zip: |
|  |
| Phone: |  |
|  |
| 2020/2021 School Grade: |  |  | School Attending: |  |  | Practice Shirt Size: |  |
|  |  |  |

**Parent or Guardian Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent 1 Name: |  |  | Email: |  |
|  |
| Address: |  |  | City: |  |  | Zip: |  |
|  |
| Phone: |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent 2 Name: |  |  | Email: |  |
|  |
| Address: |  |  | City: |  |  | Zip: |  |
|  |
| Phone: |  |  |
|

**Emergency Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency Contact Name: |  |  | Email: |  |
|  |
| Address: |  |  | City: |  |  | Zip: |  |
|  |
| Phone: |  |  | Relationship to Player: |  |
|  |  |

**Medical Insurance Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Carrier: |  |  | Member ID: |  |  | Group ID: |  |
|  |  |  |

|  |
| --- |
| **Return Completed Form to:** dowlingselectsoccer2020@gmail.com  |