LEGACY SPORTS SOCCER REGISTRATION

Thank you for choosing LEGACY SPORTS. We are here to serve you and your family and to honor God in the process.

Last Name		First Name	ame Ma		Male or Female Birthdat		e	Age		
Address				City			State	Postal Code		
E-mail Address (if none, put none)						Hom	e Phone			
Health Issues						Chu	rch			
Father (Guardian)		Father's Employer			Fath	Father's Cell				
Mother (Guardian)		Mother's Employer			Mot	Mother's Cell				
Child Lives With	Emergency Contact	<u> </u> :						Shirt Size*		
*Shirt Sizesuse YS, YM, YL, AS, AM, AL, AXL, A2XL, A3XL Shirt sizes are Youth Small (6-8), Youth Medium(10-12), Youth Large (14-16) or Adult Small, Adult medium, Adult Large, Adult XL, Adult XXL, and Adult XXXL. Please indicate one. We ask that Your child meet the age requirement sometime during the August - October season. Find the appropriate age division and place a check in the box.										
PeeWee (Age 5-7) ***Age 4 with permission if the child is ready.										
☐ Junior (Age 8-10)										
If applicable, player or coach link	Major (11-1	8)		If applicable	, evening v	you CANNOT pra	ctice			
Comments: (Willing to head coach, As	ssistant, Umpire)									
In filling out the above inform support the coaches and	d the Christ-cente	ered purpo	ose of the	_	1ILIES at	hletic prograr	-		_	
Registration Fee - \$80.00 (\$5.00 Discount for each additional child. Example: \$75, \$70, \$65, etc.) Or another wordsONE: \$80 TWO: \$155 THREE: \$225 FOUR: \$290 FIVE: \$350										
Checks should be made out to LEGACY FAMILIES. Thank you very much. God bless. Legacy Families / P.O. Box 53 / Channahon, IL 60410										
DON'T FORGET TO SIGN AND TURN IN YOUR PARENT PERMISSION FORM.										
Thank you for choosing LEGACY SPORTS:) Please PRINT a Welcome Letter!										
			Office u	•						
Coach			Amour	nt Paying	Ch	neck Number or "	CASH"	Parent Per Receive		