



Player and Family Information

Please complete and return this form to a booster club officer at the first parent/guardian meeting.

Player Information:

Player's Name: _____ Player's Grade: _____

Home Address: _____

Shoe Size: _____
(needed for ordering socks)

T-Shirt Size: (circle one) Adult Youth
(circle one) S M L XL

Parent/Guardian Information:

Parent/Guardian #1 Name: _____

Cell Phone #: _____ Email: _____

Home Address: _____
(if different than player)

Parent/Guardian #2 Name: _____

Cell Phone #: _____ Email: _____

Home Address: _____
(if different than player)

For additional parents/guardians, please check this box and **add their info to the back of this form.**

Photo Use Permission:

Shippensburg Soccer Booster Club has permission to use soccer photos of my child on the internet/website?

_____ Yes _____ No

Parent/Guardian Initial: _____

