



**Rolla Optimist Club Youth Soccer Program
Fall 2010 Registration Form**
Mail by 09/04/2010 to: Optimist Soccer Program
PO Box 1366 Rolla, MO 65402



If your child was born between 8/1/2004 and 7/31/2005 he/she is eligible for this program.

<u>PLAYERS NAME</u>	<u>DOB</u>	<u>CURRENT AGE</u>	<u>MALE/FEMALE</u>

EMAIL ADDRESS:

T Shirt Size (circle one): Small (6/8)/ Med (10/12)/ Large (10/14)/ Adult Small

Parent/Guardian Names:

Address:	City:
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HM Ph#	Father #:	Mother#:
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Emergency Contact:

Name:	Relationship to child:	Ph Number
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Medical Notes:

___ Please check and sign if we may use your child's photo on our club website or local media pertaining to Optimist Soccer

Signature (Parent or Guardian)_____

Complete only if volunteering! We need help and we need coaches for next year! A perfect opportunity to get involved with youth soccer!	
Name:	Phone Number:
Email address:	Level of Experience: