SWB Soccer League

2016 Player Registration Form

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| PERSONAL INFORMATION |
| *Last Name:* | *First Name:* |
| *Returning Player\*:* *Y / N* | *\*If yes, registering player need not fill out the remainder of the form.* |
| *Address:* | *Apartment/Unit #:* |
| *City:* | *State:* | *Zip Code:* |
| *Preferred Phone Number:* |  |
| *Email Address:* |
| *Birth Date (month/day/year): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_* |
| *Uniform Size (circle one):* *S M L XL* | *Position(s) Played:* |
| *Team Captain:* |

I, the undersigned, understand there is an inherent risk of injury in playing soccer, and assume full responsibility for that risk.

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 Name (please print) Signature