



A 501(c)(3) Non-Profit Organization

1729 East Potter Drive  
Phoenix, Arizona 85024  
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[www.nvsoccer.org](http://www.nvsoccer.org)

## Spring Clinic Player Registration Form 2012

| Player's Information  |                      |
|---|----------------------|
| Player Name (as it appears on birth certificate):   | Date of Birth:       |
| First Name: _____   | Month: _____         |
| Middle Name: _____  | Day: _____           |
| Last Name: _____  | Year: _____          |
| Player resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____ |                      |
| Player attends school at: _____   |                      |
| Mother's Contact Information  |                      |
| Mother's Name:  |                      |
| Mother's Address:   |                      |
| City: _____   | Zip: _____           |
| Mother's Email: _____   |                      |
| Mother's Home Phone: _____  | Mother's Cell: _____ |
| Father's Contact Information  |                      |
| Father's Name:  |                      |
| Father's Address:   |                      |
| City: _____   | Zip: _____           |
| Father's Email: _____   |                      |
| Father's Home Phone: _____  | Father's Cell: _____ |
| I give permission for the above-named child to participate in the Spring Clinic.  |                      |
| Parent/Guardian Signature: _____ Date: _____  |                      |