

(Please Print Legible Below)

PRINT PLAYERS FULL NAME BELOW			ADDRESS	ZIP	PHONE #	BIRTHDATE MO/DAY/YR
FIRST	MI.	LAST				

Queen of All Saints Soccer Registration Form (U5 - Pre-School and U6 - Kindergarten)

Please CIRCLE! Player: **(Boy)** or **(Girl)** Concession Stand Date: ___/___/___ Email Address: _____

Name of School Attending: _____ Name of Grade School Planning to Attend: _____

1. Please circle this child's grade for the 2008 – 2009 school year: (U5 - Preschool, 4 year old) (U6 - Kindergarten, 5 year old)
2. Father's name: _____ Mother's name: _____
3. What was your team manager's name last year at Q.A.S? _____
4. Are you or your spouse willing to be the head coach of a team? Please circle: (Yes) or (No) Willing to be an assistant coach? (Yes) or (No)

Comments: _____

- For the safety of our children, managers and coaches are required to pass background checks and attend "Protecting Gods Children". Managers must also attend Coaches Concepts, "Coaching to Make a Difference" class. See your soccer Lay Director for more information.
- No refunds will be given if QAS is able to place this registrant on a team even if it is not the team requested.
- Q.A.S. is not responsible for and does not maintain insurance to cover injuries incurred while participating in activities associated with QAS athletics. It is assumed that the participant's family maintains their own medical insurance to cover expenses due to injuries.

Parent or Guardian's Signature: _____

FEES: Two separate checks are required. Make checks payable to **QAS**. A service charge of \$20 is assessed for all returned checks.

Please circle Registration Fee:	1 child: \$75.00	2 children: \$125.00	3 or more children \$150.00
Late Registration Fee after May 31st:	1 child: \$100.00	2 children: \$150.00	3 or more children \$175.00

Uniform Deposit – **None for U6**

Concession Stand Deposit – **Please post date check for Nov. 15, 2008:** \$150.00 per family Check # _____

Registration Fee Amount: \$ _____ Check # _____

If paid on another child's registration form, please indicate their name and grade: _____

.....Please fill out the information below again for the team manager! Thanks.....

Player: _____ Emergency Contact: _____

Phone #: _____ Email: _____

T-Shirt size: Youth S(6-8) Youth M(10-12) Youth L(14-16) Youth XL(16-18) Adult S(34-36) Adult M(38-40)