

**St. John's Capitals – All Star Soccer  
Registration Form**

38 Pearson Street, Unit 305, St. John's, NL, A1A 3R1  
Website: [www.sjsoccer.ca](http://www.sjsoccer.ca)

Phone: 709) 576-8041



Player Information		
Name of Player:		Date of Birth
_____	_____	____/____/____
Last name	First name	DD / MM / YY
<input type="checkbox"/> Female <input type="checkbox"/> Male		
Address :		
_____	_____	_____
Street	City	Postal Code
Home Phone : _____		MCP # : _____
Email : _____		_____ - _____ - _____
Division :		
<input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U18		

Parent/Guardian Contact Information	Telephone Numbers:
Last name _____ First name _____ Relationship to player _____	Home (if different from player) _____
Address : (if different from player)	Work _____
Street _____ City _____ Postal Code _____	Cell _____
Email: _____	

Does the player have any current or recent medical history about which we should be aware, (e.g.: asthma, diabetes, allergies, heart problems) or injuries?  Yes  No

If Yes, please specify \_\_\_\_\_

\_\_\_\_\_

For Office Use Only	
Registration Fee: \$ _____	Date Received: ____/____/____ DD / MM / YY
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Receipt #: