



KAHNAWAKE MINOR SOCCER LEAGUE

2022 REGISTRATION

House League \$60

Shirt Size: _____
must be filled out

Shorts Size: _____
must be filled out

Athlete's Name: _____ M F
(As it appears on his/her MEDICARE CARD)

Athlete's Birthdate: Month _____ Day _____ Year _____

Athlete's Medicare No. _____

Medical Condition _____

Athlete's Phone Number: _____

Athlete's Mailing Address: _____

Athlete Lives With: Both Mother Father Shared Custody

Other: _____ Primary Contact: _____

Athlete's Mother's Name: _____

Mother's Phone Cell #: _____

Athlete's Father's Name: _____

Father's Phone Cell #: _____

EMERGENCY CONTACT

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Parents Signature: _____ Date: _____