

EL SOBRANTE CHRISTIAN SCHOOL FUTSAL REGISTRATION FORM

PLAYERS NAME: _____

GRADE: _____ AGE: _____ MALE: _____ FEMALE: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

PARENT/GUARDIANS NAME: _____

CHILDS UNIFORM SIZE (circle one)
YOUTH ADULT

SMALL MED LARGE

SMALL MED LARGE XL

I give my child permission to play Futsal and will not hold any volunteers, coaches or El Sobrante Christian School responsible for any injuries that may occur to my child during practice or game.

I also agree to bring my child to practices and games on time and pick he/she up on time. While at practice or games your child is expected to follow school rules about behavior, and stay on the playground for practices and in the gym for games. Wandering the halls is not permitted by players or family members.

My child and I have read and understand the Futsal rules and information and agree to follow them.

Child's Signature

Parent's Signature

Please do not write below this line. Thank you

Paid Check# _____ Cash _____ Amount _____