

SHORT FORM Soccer Registration

Toddler – Munchkin – League

TWO SEASON PLAYERS ONLY

**This form is only to be filled out for children that played in the Fall Season.
Munchkins who are moving up to league must fill out a complete League Registration Pack.
IF THERE ARE ANY CHANGES TO MEDICAL OR CONTACT INFORMATION FROM THE WAIVER PLEASE FILL OUT A
NEW WAIVER FROM THE FULL PACKET.**

SPRING 2017

Toddler Soccer (ages 3-4)

Munchkin Soccer (age 5-6)

E & D Div (age 7-9)

C Div (age 10-11)

B Div (age 12-13)

A Div (age 14-15)

AA Div (age 16-19)

PARTICIPANT INFORMATION & PARENT AGREEMENT

Childs Name:

Date of birth:

Parents Name:

Fall Coach:

- I confirm my child's Emergency Medical Treatment form from last season is correct or I have made necessary changes.
- Mt. Arlington Soccer has on file my child's complete Registration Pack completed during Fall registration. I agree that all information and forms completed by me will continue to be upheld and accurate through the Spring Season.

Parent Signature:

Date:

SPECIAL ACCOMODATIONS

Special accommodations are considered but are not guaranteed. Please list for consideration.
Times cannot be requested for Munchkins/Toddlers due to the nature of the program with rotating teams and games.

TODDLER/MUNCHKIN TEE SHIRT

Players will receive a new tee-shirt each season. Players are required to wear them for both practices and games.
Samples are available to try on at on-site registrations only.

SHIRT SIZE

Youth Extra Small (2-4)

YOUTH SMALL (6-8)

YOUTH MED (10-12)

YOUTH LARGE (12-14)

LEAGUE UNIFORM REPLACEMENT PIECE ONLY

Please note: New uniforms will be provided in **Fall** for all players. Players must wear their uniforms they wore last season.
Only fill out if your child needs a replacement piece due to growth or damage.

SHIRT – # _____ SIZE _____

SHORTS – SIZE _____

SOCKS – SIZE _____

Photos are needed at ages 10-17 for ID Cards. Please provide if your child is moving up or into B, A or AA divisions.

REGISTRATION FEE

LEAGUE \$60.00 MUNCHKIN/TODDLER CLINIC \$30.00

LEAGUE Family Discounts: \$60.00 first child, \$50.00 2nd child, \$40.00 3rd child

Late Fee: \$10.00 per family

For MABORC use only		Medical Form Reviewed <input type="checkbox"/> YES	Changes Made <input type="checkbox"/> YES <input type="checkbox"/> NO
Fee <input type="checkbox"/> \$60.00 <input type="checkbox"/> \$30.00	<input type="checkbox"/> Family Discount Applied (excludes clinic) <input type="checkbox"/> \$10.00 Late Fee Applied		<input type="checkbox"/> Combined Check
Received \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Checks Payable to: Borough of Mt. Arlington		
Date:	Received By: _____		