



Player Help Sheet

* - denotes required field

Refund Policy: Refunds are considered on a case by case basis.
Please contact the Registrar for consideration and for more information.

I. REGISTRATION INFORMATION:

- ***Present State Association:** PENNSYLVANIA FUTSAL - WEST
- ***League Association:** No League Association
- ***Club Association:** No Club Association

II. PLAYER INFORMATION:

- ***First Name:**
- Middle Initial:**
- ***Last Name:**
- ***Gender:**
- ***Address Line 1:**
- Address Line 2:**
- ***City:**
- ***State:**
- ***Zip Code:**
- ***Home Phone:** - -
- ***Birth Date (mm/dd/yyyy):** / /
- ***Jersey Number:**
- Shirt Size:** **Not Required**
- Shorts Size:** **Not Required**
- ***FUTSAL (Indoor Soccer) Experience:**

Number of Seasons Played: **Not Required**

***Outdoor Soccer Experience:**

Number of Seasons Played: **Not Required**

***Category:**

III. PARENT/GUARDIAN INFORMATION:

Guardian #1

***First Name:**

***Last Name:**

Work Phone: - - **ext.**

Occupation:

***Relationship:**

Guardian #2

First Name: **Not Required**

Last Name: **Not Required**

Work Phone: **Not Required** - - **ext.**

Occupation: **Not Required**

Relationship: **Not Required**

IV. EMERGENCY CONTACT INFORMATION:

List any medical problems
Not Required
or prohibitions the player
has:

Doctor to notify in
emergency: **Not Required**

Doctor's Phone: **Not**
Required - -

***Person to notify in**
emergency:

***Emergency Contact's
Phone:**

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V. COMMUNICATION INFORMATION:

DIRECTION: Team contacts will be able to send mass email to players. Please enter player's email address.

***Enter E-mail of record for
player:**

***Verify E-mail by retyping:**

**Player does not have an E-
mail Address:**

VI. VOLUNTEER INFORMATION: Not Required

We ask for active participation from all parents. Check areas in which you would be willing to help.

- | | | | | | |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Coach: | <input type="checkbox"/> | Assistant
Coach: | <input type="checkbox"/> | Board
Member: | <input type="checkbox"/> |
| Referee: | <input type="checkbox"/> | Publicity: | <input type="checkbox"/> | Team Parent: | <input type="checkbox"/> |
| Fund
Raising: | <input type="checkbox"/> | Telephone: | <input type="checkbox"/> | Equipment: | <input type="checkbox"/> |
| Scorekeeper: | <input type="checkbox"/> | Other: | <input type="checkbox"/> | | |

VII. DONATIONS: Not Required

Please make a donation to help assist the different programs and opportunities provided and supported by US Futsal.

Please check the following box if you wish to make a donation. This amount will be added to your total amount due and at the end of online registration you will receive a receipt on your certificate of registration.

- \$5.00 \$10.00 \$25.00 \$50.00
 \$100.00

Other:

I do not wish to contribute at this time.

If you need assistance, please send an email to futsal@futsal.org!

