



Popular Soccer Children's League



Player Registration Form

Full Name: _____
FIRST MIDDLE LASTNAME

Address: _____

Telephone Number: _____
Home

Parent/Guardian Email: _____

Date of Birth: _____ **Age:** _____ **Sex:** M F

Team Name: _____ **Category:** _____

Season Type: ___ Indoor ___ Outdoor

ID Type: OPTION#1 PASSPORT OR OPTION#2 HEALTH CARD & BIRTH CERTIFICATE

I authorize Popular Soccer League to collect and use information about my child for the purpose of suspicion of illegal players.

I understand that my child cannot play in any soccer game until after this registration form is submitted.

ATTENTION: The "Player's Information" section MUST be completed – Any Child who provides false information or withholds any of the required information will be suspended from all PSCL activities for a season and the club will be penalized \$500

Parent/Guardian Signature

Club Signature

Date