

Prospect Heights Park District
Youth Soccer 2010

Child's First Name/Last Name: _____

Parent(s) First/Last Name: _____

Grade _____ Age _____ Height _____ School _____

Address _____ City _____

Home Phone _____ Work Phone _____

What is your child's skill level in this sport? (Circle One Below) Please be truthful with your child's skill level to increase the positive experience your child will have in sports.

Beginner Adv./Beg. Intermediate Inter./Adv. Advanced

How many years has your child played in an organized league? _____

Parents: Would you like to be a volunteer? Please circle one: Yes No

If Yes:

Coach: _____

Team Assistant: _____

Uniform Size: