

# Woodstown Soccer

PO Box 58 Woodstown, NJ 08098

## Recreation Registration Form

Player Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

\*\*\*Special Considerations (medical or transportation) is given. Please let us know any special requests. \_\_\_\_\_

Volunteer opportunities...please sign up to help!

\_\_\_\_ Coach

\_\_\_\_ Equipment Manager

\_\_\_\_ Asst Coach

\_\_\_\_ Board Position (Please send me more info)

\_\_\_\_ Field set up

\_\_\_\_ Field breakdown