

Florence Soccer Association Select Registration Form

Name: _____ Email: _____
(First and last name as it appears on the birth certificate.)

Primary Phone: _____

Address: _____

City: _____ Zipcode: _____

Sex: ____ Birth date: _____ Soccer Age: ____ (U9 - U18*) Shirt Size: _____

* Player must be Under the listed age on July 31, 2008

Have you played select soccer before? (yes/no)

If yes, then indicate Years Played / Team / Age: _____

Other Soccer Experience: _____

Parent / guardian information (at least one required)

Note: Enter contact information only if it is different from player information.

Father's name: _____ Phone (home): _____

Email: _____ Phone (cell): _____

Mother's name: _____ Phone (home): _____

Email: _____ Phone (cell): _____

Permission

I realize that my child and I are responsible for understanding and adhering to all regulations of the Florence Soccer Association, South Carolina Youth Soccer, and US Youth Soccer. Parent/guardian agrees to pay all fees associated playing select soccer. All fees must be paid prior to release from a team.

→ **Signed:** _____ Parent/Guardian(circle one) Date: _____

The Florence Soccer Association is a volunteer-run, 501 (c) (3) Charitable Corporation. Please consider volunteering your time to help the Florence Soccer Association.

Have you:

- Completed **all** entries?
- Included a check (Nonrefundable) payable to Florence Soccer Association for \$5 (\$10 if not pre-registered?)
- Submit or mail information to: Robert Williams
2500 Anderson Farm Rd.
Florence, SC 29501

Questions? Contact Select Commissioner Robert Williams , 669-8017, relw425@msn.com