

**Kansas Soccer Academy
Fall 2008 and Spring 2009
Player Information**

Player Name (Last, First, MI): _____

Parent/Guardian (Last, First): _____

Address: _____ City: _____

State: _____ Zip: _____

DOB: _____ Gender: _____

Grade: _____ School: _____

Previous playing experience: _____

Home Phone: _____

Mobile Phone(s): _____

Email Addresses (please print):

Mother: _____

Father: _____

Mother's Month & Day of Birth: _____

(This is used to create a unique record for each player through the state soccer organization)

Team managers receive registration discounts. Would you be willing to be a team manager for your child's team? _____

Thank you!