

BPAA SOCCER 2013

Parent/Guardian First and Last name _____
 Street address _____ City _____ State/Zip _____
 Home phone () _____ Work phone () _____ Cell Phone: () _____
 Primary email address _____
 Emergency contact _____ Home phone () _____ Work phone () _____

Participant's Name	Date of Birth	Gender	Grade in school	Program Number	Fee
		M/F			

Total Enclosed

Fee Assistance Requested? _____ (1040 Fed tax form, lunch letter or deployment papers required when registering)

Does parent/guardian want to volunteer: (Circle one) Coach Assist Coach Other No

Is there someone child wants to play with: (Circle one) NO
 YES, player's name (only one) _____

Any special needs, medications or allergies? (Circle one) NO YES, describe _____

How many years of experience child has playing soccer? (Circle one) NONE 1-2 3-4 5-6 7+

Does child play traveling or varsity soccer? (Circle one) NO YES

Is there a coach you DO NOT want to play for: (Circle one) NO YES, coach's name _____

Is player willing to play up a division as a guest: (Circle one) NO YES

Parent/Guardian Signature: _____ Date: _____

Payment Type

Cash Check # _____ VISA MasterCard Discover Name as appears on card _____

Card number: _____ Exp. Date: _____ 3 digit security code on back of card _____

Make checks payable to the City of Brooklyn Park
Brooklyn Park Recreation and Parks Department • 5600 85th Ave N. • Brooklyn Park, MN 55443
Office: (763) 493-8333 • Fax: (763) 493-8253