



San Francisco Vikings Microsoccer

"Skill Development and Sportsmanship"

2521 Judah Street · San Francisco, California 94122 · (415) 753-3111

PLAYER REGISTRATION FORM

USE BALLPOINT PEN AND PRINT FIRMLY AND LEGIBLY. ALL ITEMS ARE REQUIRED.

FIRST NAME	LAST NAME	DATE OF BIRTH				
MAILING ADDRESS	CITY	STATE	ZIP CODE			
AGE GROUP**	GENDER (BOYS, GIRLS OR COED): BOYS GIRLS COED	SCHOOL				
How many seasons of soccer has player played?	1	2	3	4	5	more than 5
Does the player have a team? yes no If yes, provide the team name:						

PARENT'S INFORMATION

PARENT'S NAME	PARENT'S PHONE NUMBER	PARENT'S EMAIL*
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MEDICAL INFORMATION

Does player have any allergies or physical limitations? If yes, describe below.
Do you have a family doctor or preferred hospital for medical treatment? If yes, describe below.

MEDICAL CONSENT

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the well-being of my dependent.

Parent's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

* E-mail of either the mother or father is required for league communications.

** Age Group: Please look at this carefully. If you get this wrong, your child will be placed in the wrong age group.

FEE OF \$55 PER PLAYER