



KAHNAWAKE MINOR SOCCER LEAGUE

2022 REGISTRATION

U-10F U-13F U-17F
\$100 \$100 \$100

Athlete's Name: _____
(As it appears on his/her MEDICARE CARD)

Athlete's Birthdate: Month _____ Day _____ Year _____

Athlete's Medicare No. _____

Medical Condition _____

Athlete's Phone Number: _____

Athlete's Mailing Address: _____

Athlete Lives With: Both Mother Father Shared Custody

Other: _____ Primary Contact: _____

Athlete's Mother's Name: _____

Mother's Phone #: _____ Cell #: _____

Athlete's Father's Name: _____

Father's Phone #: _____ Cell #: _____

EMERGENCY CONTACT

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Parents Signature: _____ Date: _____