



**FC PRIDE YOUTH ACADEMY
Registration Form**

Age Group: U-_____ Gender: (Please circle): Boy Girl

Players Name: First _____ Last: _____

Players Birth Date: ____/____/____

T/Shirt Size: YM YL AS

Parents Full Name: Mom _____ Dad _____

Address: _____ City: _____ Zip: _____

Home Number: _____

Dad Cell: _____

Mom Cell: _____

Primary Email Address: _____

Secondary Email Address: _____

Please complete the entire application and bring to the first night of training. You will need to bring a check for \$100 made payable to FC Pride Soccer Club.