



# REGISTRATION FORMS

Please Check off League/Clinic Interested In

Flag Football   
  Baseball Clinic   
  Basketball   
  Other  
 Soccer Clinic   
  Exercise   
  Tiny tykes   
  Lacrosse   
 \_\_\_\_\_  
 Futsal)  
 Speed)   
  Goalie)   
  Youth Hockey)   
  Adult Hockey)   
 \_\_\_\_\_  
 Tournament)

If you picked Tournament please name tournament \_\_\_\_\_

**PLAYERS NAME**

**DIVISION(IF ANY):**

**PLAYERS AGE**

**PARENTS NAME(IF UNDER 18)**

**PARENTS E-MAIL:**

**PLAYERS E-MAIL**

**ADDRESS:**

**CITY, STATE, ZIP:**

**TELEPHONE:**

**Cell**

**PARENTS SIGNATURE(IF UNDER 18)**

**PLAYERS SIGNATURE**

**All players need to sign an insurance waiver and purchase a pass card \$10.00 per year**

**The Habitat for Soccer & Sports**

**374 West Street Uxbridge, MA 01569**

**Phone: 508-278-9888 Fax: 508-278-9111**