



Webb City Soccer Club  
P.O. Box 103  
Webb City, MO 64870

Player's Full Legal Name (Printed) \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell #1 \_\_\_\_\_

Cell #2 \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Male / Female \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Shirt Size (circle one)

Youth

YS (6-8)

YM (10-12)

YL (14-16)

Adult

AS

AM

AL

AXL

**Parent Help:**

(\*Background check info will be emailed to you)

Coach

Asst. Coach

Name \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size (circle one)

Adult

S

M

L

XL

**Team Sponsor:**

Sponsor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone#: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date \_\_\_\_\_

\*\*All players must have copy of birth certificate, and medical release form on file with Webb City Soccer Club