



SOCCKER REGISTRATION

Empire State Sports Council
641 Grooms Rd., Suite 190
Clifton Park, NY 12065
518-406-5478

Please fill out and send to The **Empire State Sports Council** at the above address with all registration fees. Registration deadline is July 1, 2018. Late registrations will be accepted at the discretion of the tournament director. Late registration incurs a late fee. Use 2nd form if necessary.

COACH INFORMATION

All correspondence will be to the coach, unless specified otherwise.

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

NAME OF TEAM: _____

TEAM ROSTER

Athlete information will remain confidential. By signing this roster, you agree to hold harmless Empire State Sports Council, it's board of directors, volunteers, staff and associates, for any injury sustaine by you during the course of the event.

1. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

2. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

3. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

4. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

5. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

6. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

7. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

8. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

9. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____

10. NAME: _____ Uniform Number: _____

Date of Birth: _____ Age on Date of Tournament: _____ PHONE : _____