



“Developing Players for Life”

Team Name: _____ Team # _____ Age Group _____

COLORADO UNITED Registration Form

Player Information

Last Name	First Name	M.I.	Jersey #	Player DOB
Street Address			City	Zip Code
Home Phone	Last Club and Team			School/Grade /

Parent or Guardian Information

Name Primary Contact	Relationship to Player	Name Secondary Contact	Relationship to Player
If different than above, Street Address _____		If different than above, Street Address _____	
City, State, Zip _____		City, State, Zip _____	
Home Phone () () ()	Bus. Phone () () ()	Home Phone () () ()	Bus. Phone () () ()
Cell Phone () () ()		Cell Phone () () ()	
Email _____		Email _____	

Emergency Information

Person to contact if parents are unavailable	Phone #
Doctor to contact in emergency	Phone #
List Any Medical Problems or Allergies	

Mission Statement

Littleton Soccer Club is a charitable and educational organization formed to organize, advance, and foster the sport of soccer for players under nineteen years of age.