



Santa Rosa United



P.O. Box 12154 • Santa Rosa, CA 95406 • (707) 541-7627 • www.srunited.com
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2009 SRU U8 Academy Registration Form

Player's Name: _____
Last First Middle Initial

Gender: _____ **Date of Birth:** _____ **Home Phone:** _____

Address: _____
Number and Street City Zip Code

Father's Cell: _____ **Mother's Cell:** _____

Father's e-mail Address: _____

Mother's e-mail Address: _____

School Attending this Fall: _____ **Grade:** _____

Last Club Name of Last
Team Affiliation Year's Coach

List activities (other sports, vacations, etc.) that would preclude player from weekday afternoon practices and weekend games in April May, June, August, October, and November and list dates/times of unavailability.

*******SIGNATURE SECTION*******

List any prescription medication (s): _____

SIGNED: _____ **Today's Date:** _____
Parent/Guardian

Enter initials on this line to acknowledge and accept on-line (soft) signature: _____

Send paper (hard) registration forms to P.O. Box 12154 – Santa Rosa, CA - 95406