



PORT ST LUCIE SOCCER CLUB
700 SW Carmelite St., Port Saint Lucie, Florida 34953

Today's Date: _____

Player Name: _____ Male/Female (Circle One)

Players Age: _____ Date Of Birth: _____ Uniform Size: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Parent(s) Information

Mother Name: _____ Phone: _____

Father Name: _____ Phone: _____

Legal Guardian: _____ Phone: _____

Payment Options

Check Amount: _____ Check Number: _____

Cash Amount: _____ Age Group Requested: _____

Parent/Guardian Signature: _____

B.O.D./Club Staff Signature: _____

Special Request: _____

Parents and/or Guardians that sign this Registration Form agree to abide by the Parent/Player Code of Ethics. Parents/Guardians/Players that do not follow the Code of Ethics can be but are not limited to Suspension and/or expulsion from the Club.

****There are no refunds given upon commencement of the season.****

PLEASE READ THE PARENT/PLAYER CODE OF ETHICS AND RULES ON OUR WEBSITE
WWW.PSLSOCCERCLUB.COM