

# STARS

## Summer School Registration Form

**Drop Off Form & \$80** at ECU tryouts at Twin Oaks May 31, June 1, and June 2 from 5:00 – 7:30 or  
 at ECU Signing at Niceville City Hall on June 7 and June 8 from 6:00 – 8:00 or  
**Mail** to ECU, P.O. Box 832, Niceville FL 32588                      **!!!!SPACE IS LIMITED!!!!**

M / F \_\_\_\_\_

Gender                      First Name                      MI                      Last Name                      Nickname

\_\_\_\_\_  
 \_\_\_\_\_

Birthdate (MM/DD/YY)                      Name you want on back of (optional) T-Shirt

T-Shirt Size (circle one)                      SM (6-8)                      M (8-10)                      L (10-12)                      XL (14-16)

Email Address(es) Primary Communication Method

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person(s) and relationship                      Phone Number During Camp Hours

I, the parent/guardian of the registrant, renew and confirm the **PARENTAL PERMISSION STATEMENT** and **CONSENT FOR MEDICAL TREATMENT** of the STARS registration.

Player is in GOOD Physical Condition Except for the Following (include **ALLERGIES** and **MEDICATIONS**):

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only					
Paid \$80 +	STARS	U8G	U9G	U10G	U11G
Birth Cert	YDP / ECU	U8B	U9B	U10B	U11B
Medical	New Player	US Club Soccer / Birth Cert			
Registrar Confirm					