



# SPOTSWOOD SOCCER CLUB



## Registration Form Adult Co-Ed Recreational Pick-Up League

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

Email: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_

List Soccer Experience: High School College None Other: \_\_\_\_\_

Skill Level: No Experience Beginner Intermediate Advanced Professional Quality

Preferred Position: Goalkeeper Defender Midfielder Forward

I, the undersigned player, hereby certify that my date of birth and all other information given in this registration form is true and correct. I further understand that if I have misrepresented any of the above information, I can be expelled from the league, forfeiting all fees paid. I also agree to play under the rules and regulations of the Spotswood Soccer Club.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$25/individual

Steps:

1. Complete registration and waiver forms
2. Mail registration and waiver forms with payment to:  
**Spotswood Soccer Club**  
P.O. Box 122  
Spotswood, NJ 08884
3. Payment can also be made at [www.spotswoodsoccer.com](http://www.spotswoodsoccer.com)

\*Make check payable to Spotswood Soccer Club

For registration questions, email [spotswoodadultsoccer@yahoo.com](mailto:spotswoodadultsoccer@yahoo.com)