



# NORTHEASTERN CONFERENCE SOCCER LEAGUE

## Stars of the East

### Player Development Application Form

#### Registration

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (check one): Male: \_\_\_\_\_ Female: \_\_\_\_\_

Ethnicity (check all that applies) American Indian/Alaskan Native: \_\_\_\_ Black/African American: \_\_\_\_\_

Hispanic/Latino: \_\_\_\_\_ Other \_\_\_\_\_

Primary Language \_\_\_\_\_

School Name \_\_\_\_\_ School Grade: \_\_\_\_\_

Church Name \_\_\_\_\_

#### Family Information

Name of Parent/Guardian (1): \_\_\_\_\_

Relationship: Mother/Stepmother: \_\_\_\_ Father/Stepfather: \_\_\_\_ Grandparent: \_\_\_\_  
Aunt/Uncle: \_\_\_\_ Sibling: \_\_\_\_ Godparent: \_\_\_\_ Guardian: \_\_\_\_ Group Home: \_\_\_\_  
Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Parent/Guardian (2): \_\_\_\_\_

Relationship: Mother/Stepmother: \_\_\_\_ Father/Stepfather: \_\_\_\_ Grandparent: \_\_\_\_  
Aunt/Uncle: \_\_\_\_ Sibling: \_\_\_\_ Godparent: \_\_\_\_ Guardian: \_\_\_\_ Group Home: \_\_\_\_  
Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Church Name \_\_\_\_\_ Address \_\_\_\_\_

Shirt Size (Youth Sizes) \_\_\_\_\_

Two authorized guardian will be allowed to drop off campers and take home campers . The authorization will be provided by guardian(s):

Primary Guardian- PRINT \_\_\_\_\_ Signature \_\_\_\_\_

Contact Information \_\_\_\_\_

Secondary Guardian - PRINT \_\_\_\_\_ Signature \_\_\_\_\_

Contact Information \_\_\_\_\_

Each child must be accompanied by a guardian. The guardian(s) must be available during the entire PAC session.

Thank you for your support.