



City of Folsom - Folsom Parks & Recreation

Youth Indoor Soccer Team Application

Season 2024-25 - Session _____

Registration #

TEAM GENDER: GIRLS BOYS

DIVISION: REC ACADEMY-COMP

FOLSOM: RESIDENT NON-RESIDENT

TEAM NAME: _____ AGE GROUP: _____

MGR/COACH NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____

LAST YOUTH ORGANIZATION THAT YOU COACHED: _____ YEAR: _____

ASST COACH: _____ EMAIL: _____ CELL: _____

FOR OFFICIAL USE ONLY

TEAMS MUST HAVE ALL OF THE FORMS BELOW COMPLETED AT REGISTRATION

- ____ TEAM APPLICATION
- ____ TEAM ROSTER
- ____ HEAD COACH TEAM REGISTRATION & MANAGEMENT FORM
- ____ HEAD COACH RULE AWARENESS & COMPLIANCE AGREEMENT
- ____ ASST. COACH TEAM REGISTRATION & RISK MANAGEMENT FORM
- ____ ASST. HEAD COACH RULE AWARENESS & COMPLIANCE AGREEMENT
- ____ PAYMENT
- ____ LIABILITY WAIVERS FOR EACH PLAYER

Received by: _____ Date: _____ Payment Time: _____

Comments: