



# 2011-12 BELMONT SOCCER ACADEMY Registration Form



Registration Date (day / month / year) <input style="width: 40px;" type="text"/> d.				m.		y.	
Grade: (circle one)    10        11        12							
Legal Last Name			Legal First Name			Legal Middle Name	
Usual Last Name (if different than above)			Usual First Name (if different than above)			Usual Middle Name (if different than above)	
Date of Birth (day / month / year) <input style="width: 40px;" type="text"/> d.				m.		y.	
Gender <b>M</b> <b>F</b> (circle one)							
<b>NAME OF PARENT(S) OR GUARDIAN(S) STUDENT IS PRESENTLY LIVING WITH</b>							
Mother	Last Name		First Name			Work Phone	
Father	Last Name		First Name			Work Phone	
Mailing Address	Street:					Home Phone	
						E-mail:	
	City:			Prov.		Postal Code:	
Medical Restrictions:							
Emergency Contact Name						Phone:	
Medical #:							
Doctor's Name:						Phone:	
<p><b>PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:</b></p> <ol style="list-style-type: none"> <li>1. SPORT / Academic Resume – including any achievements over the past three years</li> <li>2. Athletic goals (about 150 words)</li> <li>3. A paragraph stating             <ol style="list-style-type: none"> <li>a) why you want to attend the Belmont Soccer Academy and</li> <li>b) what makes you a good candidate for the Belmont Soccer Academy</li> </ol> </li> <li>4. Attach any relevant documents</li> </ol>							
Principal Signature:						Date:	
Parent Signature:						Date:	
Student Signature:						Date:	

