



Sioux River United Registration

Player's Name: _____
Last Name First Name

Father's Name Mother's Name

Address

Home Phone Number Cellular Phone Number

Player's E-mail Address Parent's E-mail Address

Player's Date of Birth

Player's Gender (*circle*) **M** **F**

Player's Grade This Year (*circle*) **4** **5** **6** **7** **8** **9** **10** **11** **12**

If Player is already on a CLUB team complete the following:

Team Name

Age Group of team (U-12, U-14, etc.)

Name of Coach

Return Registration form to Vicki Swedlund, SRU Registrar, 1016 Oakwood Circle, Brookings, SD 57006 or via E-mail svswede@brookings.net.