



Foxx Soccer Club Ltd.
P.O. Box 172, Greenleaf, WI 54126
www.foxxsoccer.com

Player Application | Membership year August 1, 2006 to July 31, 2007
 MUST be accompanied by a USYSA membership application. Application is void if not completely filled out.

Player Information:

Last Name: _____ First Name: _____ Middle Initial: _____
 Street Address: _____ City, _____ Zip Code: _____
 Phone no.: _____ E-mail: _____
 Date of Birth: _____ Grade: _____
 Parents Name _____ Parents Phone Number _____

Uniform Information:

	Youth		Adult
Jersey:	S M L XL		XS S M L XL
T-shirt:	S M L XL		XS S M L XL
Shorts:	S M L XL		XS S M L XL
Socks:	M (Youth/Women's)		
	L (Adult 10 – 13)		

Parental Support:

We ask for active participation of all parents in our program
 Check area(s) in which you would be willing to help.

Coach Asst. Coach Team Manager
 Equip Mgr. Referee Field Preparation
 Fund Raising Newsletter/Publicity
 Registration Scheduling Board Member
 Sponsor (Amt: _____ Name: _____)
 Other (Specify: _____)

Expectations/Regulations:

- Let the coaches do the coaching. Be a positive fan/parent.
- Treat the coaches, referees and opponents with respect and courtesy.
- Talk with the coaches and create a positive working relationship.
- Treat your coaches, referees and opponents with respect and courtesy. Accept the referee's decision.
- Give 100%, but play within the rules and spirit of the game.
- Be a team player. Help others become better players, thus making your team better.
- Understand that it takes honest effort and a positive attitude to grow and develop in soccer as in life.

Player's signature: _____

Parents' signature: _____

I/we agree that registration to play soccer with the Foxx Soccer Club prohibits playing soccer for another organization during the Foxx Soccer Season.

Player's signature: _____

Parents' signature: _____