

Dakota Community Centre Mini-Soccer Registration

Please fill in all necessary information.

Child's Name: _____

Birthdate: _____

Parent Contact: _____

Address: _____

Phone #: _____

Alternate #: _____

Email: _____

Medical Concerns: _____

Friend Request (may request 1 friend, first and last name,
request must be mutual): _____

Are you interested in coaching? (Circle one) Yes / No

Have you coached previously? (Circle one) Yes / No



Admin use only:

Age group: _____

Team placement: _____