

The LIFE CENTER Individual Registration Form

2035 Columbus Rd
Burlington, NJ 08016

Player Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail _____

Emergency Contact: _____

Emergency Phone #: _____

Circle one: Soccer Basketball Futsol Volleyball

Team Name: _____ Age U- _____

Coach Name: _____ Phone # _____

Coaches E-Mail: _____

* All soccer players must have NJYS player passes; If not Indoor passes must be purchased from Life Center for \$10 a pass per player.

* A Medical release form must be filled for each individual athlete by an authorized legal guardian.