



ALL IN SOCCER... LIVE IT & LOVE IT!



REGISTRATION FORM

TEAM

NAME

CITY

AGE GROUPS

Please ☒ the age group of your team

U14 (2012 - 2013)

U12 (2014 - 2015)

U10 (2016 - 2017)

U8 (2018 - 2019)

1 TEAM MANAGER

NAME

PHONE

CELL

E-MAIL

ADDRESS

CITY

TOTAL No OF PARTICIPANTS (Kids/ Coaches/ Escorts)

Participants

I verify that all players are medical able to participate in SS Youth Festival 2026 ☐

I allow the organization to use any photographs, or any other record of this event for any legal use. ☐

I allow the organizer to use my personal information to receive notifications of SPORTCAMP events ☐

TEAM MANAGER

NAME & SIGNATURE





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NAME LIST

TEAM

COACH

TEAM MANAGER

#	LAST NAME	FIRST NAME	E-MAIL	DoB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

TEAM MANAGER

NAME & SIGNATURE

