



YOUTH FREE AGENTS

IF YOUR CHILD IS INTERESTED IN JOINING AN EXISTING
TEAM FOR OUR UPCOMING YOUTH LEAGUE, PLEASE
COMPLETE AND RETURN THIS FORM.

WE WILL DO OUR BEST TO FIND A TEAM FOR THEM.

(SORRY, BUT WE CANNOT GUARANTEE THAT WE WILL FIND A TEAM)

RETURN COMPLETED FORM TO:

OFF THE WALL SOCCER

5 Wayne Court Sacramento, CA 95829

(916) 383-4200 (P) (916) 383-1348 (F)

www.offthewallextreme.com

PARENT'S NAME: _____

CHILD'S NAME: _____

GENDER: _____ AGE: _____ D.O.B.: _____

PHONE 1: _____ PHONE 2: _____

EMAIL: _____

PLAYING EXPERIENCE, IF ANY: _____
