



**Beautiful People**  
 Enable Joy • Inspire Hope • Fulfill Dreams



**FALL 2010 SOCCER PLAYER REGISTRATION FORM (Please print clearly)**

\_\_\_\_\_  
**Player's Name** **Home Phone**

\_\_\_\_\_  
**Street Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**Parent or Guardian** **e-mail** **Cell phone**

**Emergency Contact :** \_\_\_\_\_ ( Relationship) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

M / F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Diagnosis/Disability: \_\_\_\_\_ Seizure Disorder: Yes/No

Communication Skills: \_\_ Verbal \_\_ Non Verbal \_\_ Sign \_\_ PECS Other \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

**SHIRT (Circle) YOUTH S M L      ADULT S M L XL**

**Please indicate soccer experience (if any): # of years playing** \_\_\_\_\_ **Year last played** \_\_\_\_\_

**Club Name** \_\_\_\_\_ (Circle) **Travel or Recreational**

Type of one-on-one Buddy preferred? (Circle)    Adult      Teen      Parent      Sibling      Not needed

How did you hear about us? \_\_\_\_\_

**CRONOMER PARK, NEWBURGH**  
**SATURDAYS 11-Noon Sign in at 10:30 am**  
**SEPTEMBER 11TH THROUGH NOVEMBER 6TH, 2010 except Columbus Weekend**  
**CHILDREN AGES 5-21 WITH DEVELOPMENTAL OR OTHER DISABILITIES**  
**INSTURCTION, FULL UNIFORM AND SOCCER BALL INCLUDED**  
**\$50 Payable to "Beautiful People"**

Mail form/check to: Jan Brunkhorst, Beautiful People, 13 First Street, Warwick, NY 10990  
 Can register in person at Soccer Plus Academy, the Soccer Cage, O Street, off Stewart International Drive, Newburgh  
 Questions? Call Jan (845)986-5944 or e-mail jbrunkhorst@beautiful-people.us