

2019 Registration Form
ROUGH DIAMONDS @Greater Lowell Soccer.com
Tyngsboro, MA 01879
978-649-0316



Name: _____ Birth Date: _____ Gender: _____

Address: _____

Town / Zip: _____

* E Mail: _____ Phone (H): _____

Phone (W): _____ Phone (C): _____

Emergency Contact: _____

Current Team: _____

Player Position: _____

Height: _____

Weight: _____

Place of Birth: _____

Green Card: Yes / No

U.S. Citizen: Yes / No

Comments / Questions: _____

Required Medical Release:

*Participation in any sport may cause physical injury, sprains, strains, etc. We, the undersigned, understand soccer is a contact sport and do not hold the **Rough Diamonds or Greater Lowell NPSL Football Club, LLC** representatives, Coaches, and or Volunteers responsible for injuries occurring during the course of the tryout process.*

Date: _____ Signature: _____