



# Fundacion Real Madrid Clinics Belize Players Registration Form



Player's Name

(First)

(Middle)

(Last)

Date Of Birth

(DD/MM/YY)

Age

Address

(Street)

(Town/District)

(Country)

Phone Number

Gender: Male/Female

School

Club Name

Kit Shirt Size: Youth Medium / Youth Large / Adult Small / Adult Medium / Adult Large / Adult XL / Adult 2XL

Parent / Guardian's Name

(First)

(Middle)

(Last)

Address

(Street)

(Town/District)

(Country)

Phone Number

Parent's Signature

Player's Signature

Date