

PLAYER MEMBERSHIP FORM

FIRST NAME			LAST NAME		MI
ADDRESS			CITY	STATE	ZIP
PHONE ()	DOB			
EMAIL ADDR	ESS				
activities of N	OVA ROYALS FC. A	m for calendar year Acknowledge your consen club policies and mission	t to the policies below b	y signing and ret	urning the form to the
team to hel 2. Comn and te North 3. Volun activit 4. Meml leave 5. Stater a. b.	nitment to NOVA demands. The tra p ensure the succe nitment to the NO eams of strong che ern Virginia Youth teer: NOVA ROYA ties, and voluntee pership fees: Men the club or termin ment of Player Co Attend punctua manager or coa Accept coaches unconstructive Respect and su Maintain stand tournament, or	ROYALS FC Soccer Programationing is year-round. I promess of both the player and DVA ROYALS Vision and Milaracter and to foster the player and Adults through the start of the players are expected to the players are expected to the players are players are player of the	mise to do my best to part the team. ission: NOVA ROYALS mission: NOVA ROYALS mission: NOVA ROYALS mission and emports of soccer at all levels as needed. ectly to the club for the electly to the club for the NOVA ROYALS, I agree to attend. It tournaments, or other olde to attend. It positioning, playing time on and off the field and the and abide by the play ova ROYALS FC participation.	ssion is to "creat obtional growth a rels of ages and creat soccer event calendar year. Aron, will forfeit the retain events. I we etc.) without a show the professivers code of cond	e players, coaches, and development of ompetitions." s, fundraising by player choosing to e membership fee. ill notify team any complaint or sional demeanor.
				Player Membership I Other Contribution	Fees: \$ ons: \$ otal: \$
DATE			Received by:		_Date: