



SOCCER	
BASEBALL	
BASKETBALL	
CHEERLEADING	
VOLLEYBALL	
FOOTBALL	
TRACK & FIELD	
FLAG FOOTBALL	

2015-2016 Registration Form
Please Check Off Sport

SECTION 1: PLAYER INFORMATION

Name: _____

Gender: () Male () Female Date of Birth: _____ Age _____ Grade _____

School: _____ Teacher _____ Room # _____

Emergency Contact: () Check box to use secondary parent info. If not please Complete:
 Name _____ Phone _____

Doctor's Name and Phone: _____

Health Conditions/Prescription Meds: _____

Coach Name: _____

Shirt Size (circle one): 6-8 10-12 14-16 18-20 AS AM AL AXL A2X

Pant Size (circle one): 6-8 10-12 14-16 18-20 AS AM AL AXL A2X

SECTION 2: PRIMARY PARENT CONTACT INFORMATION
 (Parent to receive mail and phone calls)

Name: _____ Relationship to Player () Mother () Father

Home Phone: _____ Work Phone _____

Other Phone: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

I volunteer to be a: () Coach () Team Manager () Special Event Assistant

SECTION 3 SECONDARY PARENT CONTACT INFORMATION

Name: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip _____

I volunteer to be a: () Coach () Team Manager () Special Event Assistant

SECTION 4: SIGNATURE AND WAIVERS

By signing below, you certify that you have read and agree to the waiver on the back.

 Signature of Parent or Legal Guardian

 Date

THE REGISTRATION FEE IS NON REFUNDABLE!

Office Use Only Date Received _____ Payment () Cash () MO () Check # _____