

Sports Registration Form Online

Event Information

- Event/Program: _____
- Season: [] Fall [] Winter [] Spring [] Summer
- Start Date: _____ End Date: _____

Player Information

- Full Name: _____
- Date of Birth: _____ Age: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: _____
- Email Address: _____

Guardian Information (If under 18 years)

- Guardian Name: _____
- Guardian Phone: _____
- Guardian Email: _____

Emergency Contact Information

- Contact Name: _____
- Relationship: _____
- Phone Number: _____

Medical Information

- Allergies/Conditions: _____
- Medications: _____
- Insurance Provider: _____

- Policy Number: _____

Payment Information

- Registration Fee: \$ _____
- Payment Method: Credit Card PayPal Bank Transfer

Consent and Agreement

I agree to the terms and conditions and the waiver of liability associated with the sports program.

- Signature: _____
- Date: _____