Sports Registration Form PDF

Partic	cipant Information
•	Full Name:
•	Age:
•	Date of Birth:
•	Address:
•	City: State: Zip:
•	Contact Number:
•	Email Address:
Paren	nt/Guardian Information (If applicable)
•	Parent/Guardian Name:
•	Parent/Guardian Phone:
•	Emergency Contact Name:
•	Emergency Contact Number:
Healtl	h Information
•	Known Allergies/Conditions:
•	Medications:
•	Doctor's Name:
•	Doctor's Contact:
Sport	Selection
•	Sport: [] Basketball [] Soccer [] Football [] Swimming [] Other:
•	Experience Level: [] Beginner [] Intermediate [] Advanced

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- Jersey Size: [] Small [] Medium [] Large [] XL
- Shorts Size: [] Small [] Medium [] Large [] XL

Participation Fees

- Registration Fee: \$_____
- Uniform Fee: \$______
- Total Amount Due: \$_____
- Payment Method: [] Cash [] Credit [] Check

Waiver and Consent

I consent to my participation (or my child's) in the program and agree to the waiver terms.

- Signature: _____
- Date: _____