

Sports Registration Form Template Free

General Information

- Program Name: _____
- Sport: Basketball Soccer Baseball Volleyball Other:

- Season: Fall Winter Spring Summer
- Program Start Date: _____ End Date: _____

Player Information

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

Parent/Guardian Information (For minors)

- Guardian Name: _____
- Guardian Phone: _____
- Emergency Contact: _____
- Emergency Contact Number: _____

Health Information

- Does the player have any medical conditions? Yes No
- If yes, please specify: _____
- Insurance Provider: _____
- Policy Number: _____

Program Fees

- Registration Fee: \$ _____
- Uniform Fee: \$ _____
- Total: \$ _____
- Payment Method: Credit Cash Check

Agreement and Waiver

By signing, I agree to the program rules, terms, and waiver.

- Signature: _____
- Date: _____