

Sports Team Registration Form

Team Information

Team Name: _____

Sport: _____

Coach/Manager Name: _____

Contact Number: _____

Email Address: _____

Alternate Contact: _____

Team Members

Please list the players below:

1. Player Name: _____

Date of Birth: _____

Contact Number: _____

Position: _____

2. Player Name: _____

Date of Birth: _____

Contact Number: _____

Position: _____

3. Player Name: _____

Date of Birth: _____

Contact Number: _____

Position: _____

Emergency Contact Information

Player Name: _____

Emergency Contact Name: _____

Relationship to Player: _____

Emergency Contact Number: _____

Alternate Contact Number: _____

Agreement

I, the undersigned, certify that all the above players are eligible and fit to participate in the sport listed. I agree to abide by the rules of the event and accept any associated risks.

Coach/Manager Signature: _____

Date: _____