



Registration Form

Athlete:

First Name: _____ Last Name: _____ Middle: _____

Date of Birth: ____ / ____ / ____ Gender: _____ Nick Name: _____

Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Health Limitations: _____

Asthma: _____ Allergies: _____ Medications: _____

Insurance provider _____ Hospital preference _____

Parent/Guardian #1: _____

Address: _____ City: _____ Zip: _____

Contact: (H) _____ (Cell) _____ (Work) _____

Email: _____

Parent/Guardian #2: _____

Address: _____ City: _____ Zip: _____

Contact: (H) _____ (Cell) _____ (Work) _____

Email: _____

Person to be contacted in an emergency if parents/guardians cannot be reached:

Contact Name: _____ Phone: _____ Relationship: _____

Texts via Remind and email are our primary sources of communication for announcements and correspondence. Please verify your e-mail address.

Additional info _____