



# Sports Registration Information

<b>Sport</b>	
<b>Athlete Last Name</b>	
<b>Athlete First Name</b>	
<b>Health Notes</b>	
<b>Athlete Date Of Birth</b>	
<b>Athlete Gender</b>	
<b>Parent/Guardian Email</b>	
<b>Parent/Guardian Address</b>	
<b>Parent Guardian City</b>	
<b>Parent/Guardian State</b>	
<b>Parent/Guardian Zip</b>	
<b>Moms/Guardian Contact #</b>	
<b>Dads/Guardian Contact #</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Number</b>	
<b>Would you be willing to coach?</b>	
<b>Shirt Size</b>	YS YM YL YXL AS AM AL AXL
<b>Pants Size</b>	YS YM YL YXL AS AM AL AXL
<b>Any known medical conditions or allergies?</b>	
<b>Do you take any medications?</b>	
<b>Are you Interested in Sponsoring a team?</b>	

I understand the information I have provided I will be responsible for. I know the policy and will be responsible for any changes that need to be made.

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Print Name

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Signature

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Date