



# Wesley Athletics

2019-20

"Home of the Phoenix"

# REGISTRATION FORM

**SPORT:** Football   Volleyball   Basketball   Cheer   Soccer   Baseball   Ultimate Frisbee

**\*\* A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS EVERY YEAR AND ARE VALID ONE YEAR.**

Please circle - Jersey/T-Shirt/Shorts size:   Male   Female

**ADULT**   Small   Med   Large   XL   2XL   3XL

Participant's Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade \_\_\_\_\_   Age \_\_\_\_\_   Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_   State \_\_\_\_\_   Zip \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_   Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## IN CASE OF EMERGENCY

### Contact # 1

Name \_\_\_\_\_   Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell# \_\_\_\_\_   Work# \_\_\_\_\_   Home# \_\_\_\_\_

**Contact #2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

**Medical Information**

What is your preferred hospital of choice for treatment?

\_\_\_\_\_

**Participant's Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**Participant's Medical Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** (please include asthma inhalers, EpiPens, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Name of Participant's Physician \_\_\_\_\_

Physician's Telephone \_\_\_\_\_

.....  
Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Amount Paid \_\_\_\_\_ ( ) M.O. \_\_\_\_\_ ( ) Cash \_\_\_\_\_ ( ) Check # \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Uniform Number \_\_\_\_\_