



ATHLETICS

REGISTRATION FORM

SPORT: Football Basketball Cheer Soccer Baseball Other_____

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

Team Name/Grade _____

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

Size: **YOUTH** Small Med Large XL **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 _____

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Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Amount Paid _____ () M.O. _____ () Cash _____ () Check # _____

Received by: _____

Date _____

Uniform Number _____