



PLEASE PRINT INFORMATION CLEARLY

Participant's Name _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

IN CASE OF EMERGENCY

**Contact # 1
Name**

Contact #

Email

**Contact # 2
Name**

Contact #

Email

What sports are you registering your child for this year?

Co-ed Baseball _____ Flag Football _____ Tackle Football _____ Co-ed Basketball _____ Cheer _____

Shirt size _____ Pant/Shorts size _____

Parent/Legal Guardian (Print Name) _____

Parent/Legal Guardian Signature _____ Date _____