



Registration Form

Email completed form to: info@familysportsleague.com

PERSONAL INFORMATION

Child's Name

First: _____ MI: _____ Last: _____ Mo: _____ Day: _____ Yr: _____

Birthdate

Home Address

Street: _____ City: _____ State: _____ Zip: _____

Allergies/Other Conditions: _____ Gender: _____

Parent/Guardian Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Birthdate: _____

Email: _____ Phone: _____

TEAM INFORMATION

Team Select: (Check One)

Aviators (Monday Practice)
Defenders (Tuesday Practice)
Hornets (Thursday Practice)
Warriors (Friday Practice)

Second Option: (Check One)

Aviators (Monday Practice)
Defenders (Tuesday Practice)
Hornets (Thursday Practice)
Warriors (Friday Practice)

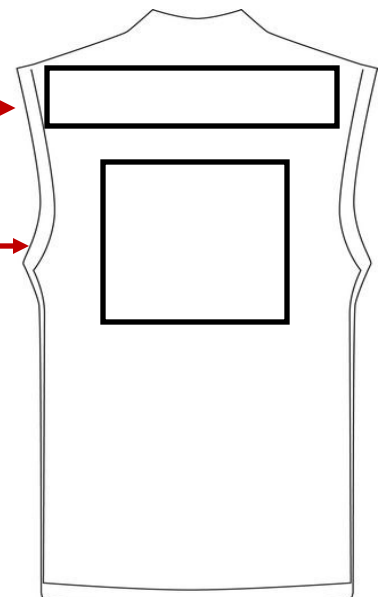
I, hereby release Family Sports League from accident and liability obligations. Understanding that as parents, we will not always agree with coaches and referees in games, I pledge that we will conduct ourselves in a manner that is reflective of the goals of Family Sports League so that children participating will not be influence negatively by our actions on the sidelines. I understand that no refunds will be granted unless Family Sports League cancels a program affecting my child.

Uniform Info: Parents are responsible for ordering the correct uniform size. Custom uniforms are non-refundable and parents are responsible uniform purchases, including replacements. You may refer to size chart on the next page.

Uniform Size: S _____ M _____ L _____ XL _____ 2XL _____

Name Here

Number Here



Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Amount Paid: _____ Receipt #: _____ Approved by: _____