



Registration

WELCOME TO THE 20__ SEASON

DATE OF REGISTRATION

/ /

PARTICIPANT INFORMATION

Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Age on July 31:	<input type="text"/>
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Emergency contact:	<input type="text"/>
Address:	<input type="text"/>	Emergency Contact #:	<input type="text"/>
City:	<input type="text"/>	Email Address:	<input type="text"/>
Parent/Guardian:	<input type="text"/>		<input type="text"/>
Phone # :	<input type="text"/>		

PARENT AGREEMENT

- I have fully read and understand the refund policy which is available for viewing on the website.
- I understand that the participant must maintain a GPA of 2.0 during the course of the season.
- I will adhere to the rules of the parent code of conduct form and all of the leagues current bylaws.
- I understand an original birth certificate is required & will be held during the season by a league AD.

Parent Name:

ParentSignature:

LEAGUE USE:

League Age: _____
Weight at Registration: _____
Paid in full: _____

Register Signature

THANK YOU FOR REGISTERING

Please have this form ready for your in person registration