



PARTICIPANT INFORMATION

Participant's Full Name _____ Gender _____
 Home Address _____
 City _____ State _____ Zip _____
 Participant's Phone Number (H) _____ (C) _____
 Participant's Email Address _____
 Date of Birth ____/____/____ Social Security Number ____-____-____
 Exact Age on May 31, 2008 _____
 Grade/2008-09 School Season PK K 1 2 3 4 5 6 7 8 9 10 11 12
 School Attending _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____
 Mother's Phone (H) _____ (W) _____ (C) _____
 Father's Name _____
 Father's Phone (H) _____ (W) _____ (C) _____
 Parent's Email Address (M) _____ (F) _____

MEDICAL INFORMATION

Primary Physician _____ Phone _____
 Insurance Company _____ Phone _____
 Policy # _____
 Emergency Contact _____ Phone _____
 Any Medications Allergic to or any known allergies _____
 List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of:

OFFICE USE ONLY

Team Joining _____ Credit/Debit on file? _____ Automatic Tuition? _____ Amount Paid \$ _____
 T-Shirt Size YS YM YL AS AM AL AXL AXXL Shorts Size YS YM YL AS AM AL AXL AXXL
 Brief Size YS YM YL AS AM AL AXL AXXL Shoe Size _____ Water Bottle _____
 Bag _____ Back-Pack _____ Make-Up Kit _____ Bow _____ Bag Tag _____