

ID# _____



Player Registration Form 2010-2011

Team Name _____ Age U- _____ Primary / Secondary M / F

Player Information:

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

DOB ____/____/____ Gender _____ Grade _____ School _____

Primary Parent Contact Information:

Name _____ Relationship _____ Address _____

Home (____) _____ Cell (____) _____ Email _____

Name _____ Relationship _____ Address _____

Home (____) _____ Cell (____) _____ Email _____

Secondary Parent Contact Information:

Name _____ Relationship _____ Address _____

Home (____) _____ Cell (____) _____ Email _____

Name _____ Relationship _____ Address _____

Home (____) _____ Cell (____) _____ Email _____

Emergency Contact Information:

Name _____ Relationship _____ Home (____) _____ Cell (____) _____

Name _____ Relationship _____ Home (____) _____ Cell (____) _____

Allergies _____ Other Medical Cond. _____

Physician _____ Phone (____) _____ Dentist _____ Phone (____) _____

Other Information:

_____ I would like to volunteer as a parent helper for the team. _____ I am interested in becoming a team sponsor.

Make sure you have the following items when turning this form in to register your player

Birth Certificate _____ Notarized Med Waiver _____ Payment _____ DualRosterForm* _____ KS Paperwork* _____
*IF NECESSARY *IF NECESSARY