

REGISTRATION FORM

Name				
Address				
City		State	Zip	
Age	Last school grade	completed	Male/Female	
SPORTS CH	IOICE			
	Soccer (bring a soccer ball	and shin guards lab	peled with your name)	
	Basketball (bring a basketb	all labeled with you	ır name)	
	Cheerleading (wear comfor	rtable shoes)		
	Other			
	Other			
T-shirt size: [☐ Youth ☐ Adu	ılt		
Guardian(s) 1	name			
Phone		Work phone		
In case of em	nergency, contact		Phone	
			Phone	· · · · · · · · · · · · · · · · · · ·
Special conce	erns (allergies, medications, me	edical conditions, et	cc.)	
Name of Par	ent or Guardian_			
ranic or r are	Cit of Guardian	(Print n	ame)	
Date	Signature of Parer	nt or Guardian		