

PLAYER INFORMATION FORM

LEAGUE REGISTRATION ACCOUNT SETUP

Please complete all fields marked with (*) below. We will contact you upon completion of your registration.

PLEASE PRINT CLEARLY! THANK YOU!

PARENT/GUARDIAN INFORMATION:

- * EMAIL: _____
- * PASSWORD: _____

- * PARENT FIRST NAME: _____
- * PARENT LAST NAME: _____

- * STREET ADDRESS: _____
- * CITY: _____ STATE: _____ ZIP: _____
- * HOME PHONE: _____
- CELL PHONE: _____ WORK PHONE: _____

- * EMERGENCY CONTACT FIRST NAME: _____
- * EMERGENCY CONTACT LAST NAME: _____
- * EMERGENCY CONTACT HOME PHONE: _____
- * EMERGENCY CONTACT CELL PHONE: _____

Please complete the following for each child being registered. If you are registering multiple children, please complete a new form for each child (you only need to fill out the adult section on one of the copies)

CHILD'S INFORMATION:

- * LEGAL FIRST NAME: _____ NICKNAME: _____
- * CHILD LAST NAME: _____
- MIDDLE NAME: _____

- * GENDER: MALE FEMALE (circle one)
- * BIRTHDATE: _____
- * GRADE IN SCHOOL THIS FALL: _____

ANY MEDICAL CONDITIONS YOU WOULD LIKE US TO KNOW ABOUT (not required):

LEAGUE INFORMATION:

- * I am registering this child for (circle all that apply): SOCCER HOCKEY DODGEBALL
- * I am registering for the following season(s): FALL WINTER SPRING
- * For jersey size, what size shirt does this child generally wear? YS YM YL AS AM AL XL XXL

- * PARENT/GUARDIAN SIGNATURE: _____

(Parent signature required for Player Waiver/Release form. To view a copy of the Liability Waiver, please ask for a copy at the rink. By signing, you agree to the terms contained within)