

Player's Registration



Players Last Name: _____

First Name: _____

Parents Name: _____

Address: _____

Home Phone: (____) _____ Cell Number: (____) _____

Gender: **Male Female** Age: _____ Grade: _____

DOB: __/__/__ Email: _____

Shirt Size: **Youth: XS S M L Adult: S M L XL 2X**

Socks: **S (Sizes 12-4) M (Sizes 4.5-8.5) L (Sizes 9-12)**

Shorts: **Youth : XS S M L Adult: S M L XL 2X**

Ball: **Beginner Intermediate Advanced**

Shooting: **Beginner Intermediate Advanced**

Passing **Beginner Intermediate Advanced**

Team year exp. _____

Church: _____

Volunteer: **Yes No**

Coaches Information: _____

Medication: _____

Physical: _____

*******For Registrar only*******

Is all the information above valid? _____

Is the shirt/short/sock sizes filled in? _____ (no socks or shorts for 4 year olds)

Medical Release form completed and notarized? _____

Payment type: Cash: \$ _____ Check # _____ Amount \$ _____ Sports Grant: \$ _____

After Registration:

Shirt color: _____ Goal: _____ Coach: _____