

RECREATIONAL REGISTRATION FORM

Athlete Information

Athlete's Name _____

Date of Birth _____ Age as of 8/31/15 _____

Street Address _____

City _____ Zip _____

Home Phone # _____ Athlete's Cell # _____

Parent Information

Mother's Name _____

Cell _____ Email _____

Father's Name _____ Cell _____ Email _____

Emergency Contact and Phone Number OTHER than parent: _____

Medical Information

Allergies/Current Medications: _____

Other Medical Conditions: _____

Physician: _____ Dr. Phone: _____

Medical/Hospital Insurance Company: _____ Ins. Phone: _____

Policy Holder's Name: _____ Policy Number: _____

Office Use Only

Fee		Due	PD
Uniform \$70		Jan 15	
Competition Fee \$15		Feb 15	
January Tuition (\$35)	February Tuition (\$35)	March Tuition (\$35)	
PD _____	PD _____	PD _____	

Office Use Only:

Medical Release: _____

Financial Commitment: _____

Voided Check: _____

Team: _____

Practice Schedule: **Tuesdays 6:30-7:30** – Flash – Youth Rec

Tuesdays 6:30-7:30 – Sizzle - Tiny and Mini Rec