



YOUTH SPORTS REGISTRATION FORM

Please Complete one form per child.

Office Use Only	
Member \$35 x ____ = ____	
Non-Mem \$45 x ____ = ____	
E-pay: On File / New	

Child's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

E-Mail Address: _____

May we email you about upcoming programs/events? Y or N

May we photograph your child for marketing purposes? Y or N

Home Phone: _____

Cell Phone: _____

Check Here	BOOTCAMP - Mondays	
	*Nov. 26 - Jan. 14	
	All Ages: 6 & Up	5:00 - 5:45 PM

Check Here	SOCCER - Wednesdays	
	*Nov. 28 - Jan. 16	
	Little Kickers: Ages 6-8	5:00 - 5:45 PM
	Junior Strikers: Ages 9-11	6:00 - 6:45 PM

Check Here	BASKETBALL - Fridays	
	*Dec. 7 - Jan. 25	
	Juniors: Ages 6-8	5:00 - 5:45 PM
	Fundamentals: Ages 9-11	6:00 - 6:45 PM
	Experienced: Ages 12+	7:00 - 7:45 PM

*IF your child is a current BS/AS or Special Day Member,
or IF your child participated in Fall Sports, you may skip to #4.*

Emergency Contact Numbers - Please Update any changes:

1. Name: _____

Relationship to child (Mom, Dad, Aunt, Brother etc.) _____

Phone Number/Numbers: _____

2. Name: _____

Relationship to child (Mom, Dad, Aunt, Brother etc.) _____

Phone Number/Numbers: _____

3. Name: _____

Relationship to child (Mom, Dad, Aunt, Brother etc.) _____

Phone Number/Numbers: _____

4 . Are there any special health concerns? (Example: Allergies/Asthma)

a) _____

b) _____

c) _____

****No classes/clinics during December Vacation - Spaces are limited***

Parent/Guardian Signature: _____

Date: _____