



YOUTH SPORTS REGISTRATION FORM

Please circle which program you are registering for.

- | | |
|--|--|
| <p><input type="radio"/> Little Kickers: Ages 5-7</p> <p><input type="radio"/> Junior Strikers: 8-10</p> | <p style="text-align: center;">Wednesdays 5-5:45 PM</p> <p style="text-align: center;">Wednesday 6-6:45 PM</p> |
|--|--|

Child's Name: _____ **Date of Birth:** _____ **Grade:** _____

Address: _____

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

E-Mail Address: _____

May we send you emails about upcoming programs/events? Yes No

Home Phone: _____ **Cell Phone:** _____

Emergency Contact Numbers:

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: _____

***Are there any special health concerns? (Example: Allergies)**

1. _____
2. _____
3. _____

Spaces are limited return by 9/7/18

Parent/Guardian Signature: _____ **Date:** _____