



Gender:  Male  Female    GRADE:  2nd  3rd  4th  5th  6th  7th  8<sup>th</sup>  9<sup>th</sup>  JV  Varsity

**Player's Full Name:** \_\_\_\_\_ Player DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home : \_\_\_\_\_ Cell: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Child resides with:** \_\_ Mother \_\_ Father \_\_ Both \_\_ Other (please describe): \_\_\_\_\_

**Legal Guardian Full Name (if applicable):** \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Guardian's Contact Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_  
Primary Insurance Subscriber: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

**Medical/Physical, or Emotional Conditions (including Disabilities)?**  yes  no If yes, please explain:  
\_\_\_\_\_

**Any and all medications (including inhalers)?**  yes  no If yes, please list medication and describe how medication is taken: \_\_\_\_\_

**Parent's/Guardian's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_