

Player & Guardian Information

First Name	
Last Name	
Date of Birth	
Gender	
Are you a	
Jersey Size	
Street Address 1	
City	
State / Province	
Postal Code	
Country	
Parent/Guardian First Name	
Parent/Guardian Last Name	
Parent/Guardian Cell Phone	
Parent/Guardian Home Phone	
Parent/Guardian Email	
Parent/Guardian 2 First Name	
Parent/Guardian 2 Last Name	
Parent/Guardian 2 Home Phone	
You have the options to volunteer with our organization of pay the buyout fee of \$125	
Please select a volunteer option	

Medical & Emergency Information

Does this participant have any medical conditions, health concerns, allergies or special needs that we should be aware of? If yes, please give brief description	
Emergency Contact First Name	

Emergency Contact Last Name	
Emergency Contact Primary Phone	
Emergency Contact Relationship to Participant	

Waiver

Electronic Signature I/We have read, understand and agree to comply with the Waiver as outlined above.	
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Photo Release

Please take a moment to let us know your preferences regarding our use of photos of your children	
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Registration Options

Sport Selection
