



## Player Registration Form 2009-2010

Team Name \_\_\_\_\_ Age U- \_\_\_\_\_ Primary / Secondary M / F

### Player Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### Primary Parent Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Secondary Parent Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_ Other Medical Cond. \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Other Information:

\_\_\_\_\_ I would like to volunteer as a parent helper for the team. \_\_\_\_\_ I am interested in becoming a team sponsor.

**Make sure you have the following items when turning this form in to register your player**

Birth Certificate \_\_\_\_\_ Notarized Med Waiver \_\_\_\_\_ Payment \_\_\_\_\_ DualRosterForm\* \_\_\_\_\_ KS Paperwork\* \_\_\_\_\_  
\*IF NECESSARY \*IF NECESSARY