



Payment Info:

CASH _____

CHECK _____

Athlete Information Sheet

Athlete's Name: _____ Grade: _____

D.O.B _____ T-shirt Size: YS YM YL AS AM

Address: _____

Athlete's Parent or Legal Guardian: _____

Phone# _____ Can we text?: YES NO

Email: _____

Athlete's Emergency Contact Name: _____

Relation to Athlete: _____

Emergency Contact's Phone#: _____

Athlete's Allergy Info: Drug Allergies: _____

Food Allergies: _____