Youth Sports Registration Form

Athlete

First name	
Last name	
Date of birth	
Grade or age group	
Shirt size	
Prior team or level	

Parent or guardian 1

Full name	
Relationship	
Mobile phone	
Email	
Address	

Parent or guardian 2

Full name	
Relationship	
Mobile phone	
Email	

Emergency contact

Full name	
Relationship	
Phone	

Medical

Allergies	
Medications	
Conditions coaches should know about	
Physician name and phone	

Program and payment

Program or team	
Season fee	
Payment option (in full / installments)	
Discount or sibling code	

Consent

[ ] I give permission for my athlete to take part in the program named above.
[ ] I agree to the club's code of conduct and refund policy.
[ ] I consent to emergency medical treatment if I cannot be reached.
[ ] Photo and media consent: Yes / No

Parent or guardian signature		Date	

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