



TEAM ELITE

PLAYER REGISTRATION

PLAYER INFORMATION:

Optional Donation: \$25 \$50 \$75 \$100

Player's Name: (First, Middle, Last)

Male Female: Date of Birth: (Month/Day/Year) Age:

Address: City: Zip Code:

Uniform Size: Adult 2XL Adult XL Adult L Adult M Adult S
 Youth XL Youth L Youth M Youth S

PARENT/GUARDIAN INFORMATION:

Mother/Guardian (First, Middle, Last)

Address: City: Zip Code:

Home Phone: Work Phone: Cell Phone:

Home Email Address: Work Email Address:

Father/Guardian (First, Middle, Last)

Address: City: Zip Code:

Home Phone: Work Phone: Cell Phone:

Home Email Address: Work Email Address:

EMERGENCY CONTACT INFORMATION:

Whom to Contact: Home Phone: Cell Phone:

PLEASE DO NOT WRITE BELOW THIS LINE

Date of Birth Certified: Yes No Players in Family: 1 2 3 Other

Registration Fee Paid: Yes No Deposit: Yes No

Paid Online: Yes No Check # Cash Amount Paid:

Accepted By: Date:

Club: Age Group U/M-F: Grade Exception