



**Athlete Registration Form**

**Athlete First & Last Name:** \_\_\_\_\_

**Athlete Birthdate:** \_\_\_\_\_

**Athlete Health Information/History (Allergies, Medications, Injuries, Conditions, Limitations etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Athlete Home Address:** \_\_\_\_\_

**Parent/Guardian First & Last Name:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

**Emergency Contact First & Last Name/Relationship To Athlete:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Emergency Contact Email Address:** \_\_\_\_\_