



Athlete Registration Form

Athlete Name (First, Last):		Age:	DOB:
Home Address:		City:	Zip Code:
Emergency Contact (Required) Name (First, Last):		Relationship:	
Contact Number:		Email (Optional):	
Emergency Contact (Optional) Name (First, Last):		Relationship:	
Contact Number:		Email (Optional):	
Insurance Company:		Policy #:	
Current Medications/ Allergies:			
Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input checked="" type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL			
Short Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL			