



Player Information

Player Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Birth Date: _____ School: _____ Grade: _____

Interest

- Training/Practice
- Personal training

Parent Name: _____ Phone Number: _____

Email: _____

Parent Name: _____ Phone Number: _____

Email: _____

Skill Assessment

- Beginner (0-2 years)
- Intermediate (3-5 years)
- Advanced (5-7 plus years)

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____