



Fall Registration Form

Participant First and Last Name _____ Age _____ M/F _____ Date of Birth _____
Nombre de participante _____ Edad _____ Fecha de nacimiento _____

Parent(s) First and Last Name _____
Nombre de padre y madre _____

Address _____ City _____ Zip _____
Dirección _____ Ciudad _____ Código Postal _____

Home Phone _____ Cell Phone _____
Numero telefónico de casa _____ numero telefónico de celular _____

Email _____
Correo electrónico _____

Emergency Contact Name _____ Emergency Contact Phone Number _____
Nombre de contacto de emergencia _____ Numero telefónico del contacto de emergencia _____

League Type:

Date of Registration: _____

- Lil' Stars (4-6 yrs old)**
 - Saturday(\$20) Monday/Wednesday(\$30) Monday/Wednesday/Saturday(\$40)
- 7-8 yrs old (\$50)** Monday, Wednesday, Saturday (Cannot turn 9 before 11/1/10)
 - Boys Proof of age _____
 - Girls
- 9-11 yrs old** Monday, Thursday, Saturday (Cannot turn 12 before 9/1/10)
 - Boys Proof of age _____ Proof of address _____
 - Girls
- 12-13 yrs old** Tuesday, Thursday, Saturday (Cannot turn 14 before 9/1/10)
 - Boys Proof of age _____ Proof of address _____
 - Girls
- 14-15 yrs old** Monday, Tuesday, Wednesday, Saturday (Cannot turn 16 before 9/1/10)
 - Boys Proof of age _____ Proof of address _____
 - Girls
- 16-18 yrs old** Tuesday, Thursday, Saturday (Cannot turn 19 before 9/1/10)
 - Boys Proof of age _____ Proof of address _____
 - Girls

T-Shirt Size (circle one): YXS(2-4) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

Total Clinic/Team Cost: _____

Payment Options: Cash Check # _____ Visa MasterCard American Express

Name as it appears exactly on card _____ Credit Card # _____

Expiration Date _____ Signature _____