## Youth Sports League Membership Renewal

First Name	
Last Name	
Date of Birth	
Gender	
Parent/Guardian Email	•
Parent/Guardian Phone	
Home Address	
Emergency Contact Name	
Emergency Contact Phone	
Relationship	
Madical Canditions / Allergies	
Medical Conditions / Allergies	
Preferred Team / Sport	
Parental Consent (signature)	
Date	
Date	