

Youth Sports Team Registration

Participant Information

First Name

Last Name

Date of Birth

Gender

Parent/Guardian Contact

Full Name

Relationship

Phone Number

Email Address

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Allergies or Medical Conditions

Primary Physician Name

Physician Phone

Team Details

Preferred Sport

Jersey Size

Waiver & Agreement

☐ I affirm that all provided information is accurate, and I agree to the participation waiver terms.