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|

|  |  |
| --- | --- |
| First Name: \* |  |
| \* Last Name: \* |  |
| \* Gender: \* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male   |  | Female |

 |
| \* Birthdate: \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  /  |  |  /  |  |

 |
| \*Email: \* Description: click for help |  |
|

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|  |  |  |

 |
| Day Phone: \* | ext.  |
| Evening Phone: | ext.  |
| \*Address Line 1: \* |  |
| \*City: \* |  |
| \*State: \* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |    | Outside USA:  |  |

 |
| \*Zip/Postal Code: \* |  |
| Coupon # received at T/E Middle School *(Mandatory for New 9 year old players ONLY)*  |  |
| Did your child play in our league last year? \* *(If no, you must come to sign up day to show proof of age, please do not continue)*  |  |
| Grade at Sept, 2014 |  |
| Age as of August 31st? \* *(Enter whole number: 9, 10, 11, etc.)*  |  |
| School Name \*  |  |
| Shirt Size \*  |  |
| **Parent/Guardian Information** |
| Player lives with: \*  |  |
| If player lives with other, please enter here. *(Grandparent, Aunt, Uncle, etc.)*  |  |
| Parent #1 First Name \*  |  |
| Parent #1 Last Name \*  |  |
| Parent #1 Address1 *((If different from Child's Address Above))*  |  |
| Parent #1 Address2  |  |
| Parent #1 City  |  |
| Parent #1 State  |  |
| Parent #1 Zip  |  |
| Parent #1 Relationship \*  |  |
| Parent #1 Cell Phone \* *(269-555-1212)*  |  |
| Parent #1 Email \*  |  |
| Which role would you like to volunteer for? \*  |

|  |  |
| --- | --- |
|  | Head Coach |
|  | Assistant Coach |
|  | I am unable to volunteer |

 |
| If you chose to volunteer as a coach, please list prior coaching/playing experience  |  |
| Parent #2 First Name  |  |
| Parent #2 Last Name  |  |
| Parent #2 Relationship  |  |
| Parent #2 Cell Phone *(269-555-1212)*  |  |
| Parent #2 Email  |  |
| **Emergency Contact/Medical Information** |
| Emergency Contact \*  |  |
| Emergency Contact Relationship \* *(Example: Grandparent, Aunt, Uncle, etc.)*  |  |
| Emergency Contact Phone \* *(269-555-1212)*  |  |
| Medical Comments \* *(Allergies, Medical Condition, Medical Concerns, etc.)*  |  |
| Physician Name? \*  |  |
| Physician Phone # \*  |  |
| Insurance Company/address? \*  |  |
| Insurance Policy Number? \*  |  |
| Group Number? \*  |  |
| Is the player suffering from any condition requiring special attention? \* *(Asthma/diabetes/epilepsy/cardiac condition, etc?)*  |  |
| Is the player allergic to any drug, insect bite, food or other substance? \*  |  |
| Is the player currently taking any special medication? \*  |  |
| Has the player been under the care of a physician or hospialized during the past year? \*  |  |
| Description: http://www.active.com/images/global/shim.gif |
|  |
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