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| |  |  | | --- | --- | | First Name: \* |  | | \* Last Name: \* |  | | \* Gender: \* | |  |  |  |  | | --- | --- | --- | --- | |  | Male |  | Female | | | \* Birthdate: \* | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | \*Email: \* [Description: click for help](javascript:var%20win=window.open('/help/index.cfm?id=37','win','height=300,width=480,scrollbars=yes,resizable')) |  | | |  |  |  | | --- | --- | --- | |  | | | |  |  |  | |  |  |  | |  |  |  | | | | 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 | | |  | | |  | | |  | | |  | | |