| | ATION - ALL INFORMATION IS REQUIRED | |
|--|--|---|
| Athlete Name | | |
| Date Of Birth | | |
| Age as of 8/31/2017 and Grade will be 2017-2018 School ye | ar | |
| Athlete's Email Address and cell phone (Not parents) | | |
| | | |
| | ON – ALL INFORMATION IS REQUIRED | |
| Parent Names | | |
| Parent Address | | |
| 1 410111 1 1441000 | | |
| | | |
| Phone Number (Cell and home) | | |
| Phone Number (Cell and home) Email Address EAM/CLASS INFORMATION—PLE | ASE COMPLETE FOR ALL CLASSES REGISTERING FOR COMPETITIVE TEAM REGISTRATION: \$50 (returning) \$100 (New) RECREATIONAL CLASS: \$25 | |
| Phone Number (Cell and home) Email Address EAM/CLASS INFORMATION—PLE Annual Registration Fee: | | |
| Phone Number (Cell and home) Email Address | COMPETITIVE TEAM REGISTRATION: \$50 (returning) \$100 (New) RECREATIONAL CLASS: \$25 |) |
| Phone Number (Cell and home) Email Address EAM/CLASS INFORMATION—PLE Annual Registration Fee: | COMPETITIVE TEAM REGISTRATION: \$50 (returning) \$100 (New) RECREATIONAL CLASS: \$25 Circle team(s) you are registering for: | |