

To complete this payment
by mail, print out this form
and mail with your payment
to:



Option:

Donation:

Payment Type:

Authorization #:

Player Information

Last Name:	First Name:	DOB:	GNDR:	Grade:
Address:	City:	ST:	Zip:	Phone:
Height (in):	Weight:	Yrs of Exp:	DIV:	
Comments:				

Parent/Guardian/Emergency Contact Information

Last Name:	First Name:	Relationship:	Home Ph:
Work Ph:	Cell Ph:	Email:	
Last Name:	First Name:	Relationship:	Home Ph:
Work Ph:	Cell Ph:	Email:	

Emergency Contact Name:	Phone:	Emergency Relationship:
Physician:	Phone:	Medical Carrier:
Medical concerns:		

Volunteer Information

Volunteer Name:	Volunteer Position 1:
	Volunteer Position 2:

Emergency Authorization and Disclaimer

Print Name

Signature

Date