

PAYMENT INFORMATION

REGISTRATION FORM

Dlaver Name		
Player Name	First	Last
Parent/Guardian Name		
	First	Last
I am interested in coaching	○ YES ○ NO	
Address	0	
	Street Address	
	City	State
	Zip code	
Phone Number	Area Code Phone Number	-
	Area Code Priorie Number	
Email Address		
Gender	○ BOY ○ GIRL	
Age/Grade		
	Age Grade	
Jersey Size	O YS O YM O YL O YXL	. OAM OAL OAXL OAXXL
Emergency Contact Name		
	First/Last	Phone Number
Cash		
	Amount	
Credit Card Information	Number	 Exp
		, ,
	CVV Amount	
Check Payment		
	Check payable to	
	Check Number Ch	neck Amount





REGISTRATION FORM

	League Name					
	Ü					
	Initial	Authorization to release Photography/Videotape League Name may use photos or videos of my child on their website and marketing material				
	Initial	Parent/Player Code of Conduct I have read and understand the Parent/Player Code of Conduct and have explain the expectations to my player				
	Waiver Initial I have read and understand the release of liability and assumption of risk agreement.					
	Registration Fee \$	Per Player				
	Credit Card Information	 Number			 Exp	
PAYMENT INFORMATION		CVV	Amount			
FORM	Check Payment	Check payable to				
Z L Z		Check Number		Check Amou	unt .	
AYME	Authorization of Payment			CHECK AHOU		
D		Printed Name				
		Signature			Date	