

Taylor Jr. Vikes

Participant Information

(One form per family)

Name: _____

DOB: ___/___/___

Name: _____

DOB: ___/___/___

Name: _____

DOB: ___/___/___

Name: _____

DOB: ___/___/___

Name: _____

DOB: ___/___/___

Address: _____

(Street)

(City)

(State, Zip)

Phone Number: (____) ____ - ____

Parent's cell phone numbers: _____

(mother)

(father)

Emergency Contact Information:

(name of friend or relative)

(phone #)

Relationship: _____

Medical History:

Please list any medical conditions or problems that your child has of which the coaching staff should be aware of: (i.e. Asthma, Allergies, history of concussion, etc.)

Date: ___/___/___

Parent/Guardian Signature: _____

For office use only

Staff initials _____

Registration fee \$ _____

Payment \$ _____ cash/Check # _____

Balance \$ _____

Date paid in full: ___/___/___