



Child info:

NAME: _____

AGE: _____ **D.O.B.** _____

GRADE: _____ **SCHOOL:** _____

Parent info:

MOMS NAME: _____ **PHONE NUMBER:** _____

DADS NAME: _____ **PHONE NUMBER:** _____

BEST EMAIL TO USE: _____

ALLERGIES: _____

MEDICAL CONDITIONS / SPECIAL NEEDS: _____

ANYTHING SPECIAL WE SHOULD KNOW ABOUT YOUR CHILD:

*****PARENTS: THERE WILL BE TIMES WHEN COACHES WILL NEED TO
"TOUCH" YOUR CHILD FOR PROPER POSITIONING & STANCE*****