

TEAM HORNETS REGISTRATION FORM

PARTICIPANT INFORMATION

Player Name _____
First Last MI

Address _____

City _____ State _____ Zip _____

Email _____

Age _____ D.O.B. ____ / ____ / ____ Gender ☐ Male ☐ Female

School _____

Current Grade ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Phone #1 _____
☐ Home ☐ Mobile ☐ Work
Phone #2 _____
☐ Home ☐ Mobile ☐ Work

PARENT/LEGAL GUARDIAN INFORMATION

Mother's Name _____
First Last MI

Address _____

City _____ State _____ Zip _____

Email _____

Phone #1 _____
☐ Home ☐ Mobile ☐ Work
Phone #2 _____
☐ Home ☐ Mobile ☐ Work

Father's Name _____
First Last MI

Address _____

City _____ State _____ Zip _____

Email _____

Phone #1 _____ ☐ Home ☐ Mobile ☐ Work Phone #2 _____ ☐ Home ☐ Mobile ☐ Work

T-SHIRT INFORMATION

Player T-Shirt (included in fee) Youth ☐ YS ☐ YL ☐ YXL Adult ☐ S ☐ L ☐ XXL ☐ M ☐ XL ☐ XXXL

Family T-Shirt ☐ Yes ☐ No

Youth	Count	Adult	Count	Adult	Count
<input type="checkbox"/> YS	_____	<input type="checkbox"/> S	_____	<input type="checkbox"/> XL	_____
<input type="checkbox"/> YM	_____	<input type="checkbox"/> M	_____	<input type="checkbox"/> XXL	_____
<input type="checkbox"/> YL	_____	<input type="checkbox"/> L	_____	<input type="checkbox"/> XXXL	_____
<input type="checkbox"/> YXL	_____	TOTAL COUNT OF T-SHIRTS			_____

EMERGENCY CONTACT(S)

Name _____ Relationship _____

Phone #1 _____ ☐ Home ☐ Mobile ☐ Work

Phone #2 _____ ☐ Home ☐ Mobile ☐ Work

Name _____ Relationship _____

Phone #1 _____ ☐ Home ☐ Mobile ☐ Work

Phone #2 _____ ☐ Home ☐ Mobile ☐ Work

MEDICAL INFORMATION

List Medical Condition(s)
(i.e. Glasses, etc.) _____

List Allergies _____

Medications & Dosage _____

Parent Signature: _____ Date: _____

* FOR OFFICE USE ONLY

UNIFORM INFORMATION

Jersey Size Request		Jersey Size Received		Jersey Returned		Initials	
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<input type="checkbox"/> Y <input type="checkbox"/> N			
Shorts Size Request		Shorts Size Received		Jersey Returned		Initials	
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<input type="checkbox"/> Y <input type="checkbox"/> N			
Shooter Shirt Size Request		Shooter Shirt Size Received		Jersey Returned		Initials	
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<input type="checkbox"/> Y <input type="checkbox"/> N			
Shoe Size Request				Shoe Size Received			

PAYMENT INFORMATION

Method of Payment ☐ Check # ☐ Cash ☐ Money Order

[illegible]