



# PLAYER REGISTRATION

FULL NAME: \_\_\_\_\_ MALE  FEMALE

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ YRS PLAYED: \_\_\_\_\_ LAST ASSOC.: \_\_\_\_\_

MM/DD/YYYY

<b>PLAYER LEVEL CHECK ONE</b>	BLAST BALL	RALLY CAP	ROOKIE	MOSQUITO	PEE WEE	BANTAM	MIDGET
	2010/2011	2008-2010	2006/2007	2004/2005	2002/2003	2000/2001	1997-1999
	\$115	\$140	\$160	\$215	\$230	\$260	\$270

## PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

RESIDES WITH: PRIMARY  BOTH CONTACTS  SECONDARY

PRIMARY CONTACT: \_\_\_\_\_  
 RELATIONSHIP TO PLAYER: \_\_\_\_\_  
 PRIMARY PHONE #: \_\_\_\_\_  
 ALT. PHONE #: \_\_\_\_\_  
 PRIMARY EMAIL: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_  
 RELATIONSHIP TO PLAYER: \_\_\_\_\_  
 PRIMARY PHONE #: \_\_\_\_\_  
 ALT. PHONE #: \_\_\_\_\_  
 SECONDARY EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

MEDICAL/OTHER INFO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ PREFERRED DAYS M/W  T/TH  EITHER

\*\*\* preferred only, no guarantees

**VOLUNTEER:**  
 I am able to help in the following manner: COACH  ASST COACH   
 EXECUTIVE  COORDINATOR  OTHER  \_\_\_\_\_

**PAYMENT: FOR OFFICE USE ONLY**  
 REG. FEE \$ \_\_\_\_\_ CASH  CHEQUE  CHQ # \_\_\_\_\_ PAID   
 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ RAMP ID: \_\_\_\_\_ VOUCHER