**Registration Form**

**BASIC INFORMATION:**

**Child’s Name:**

**Known Allergies:**

**Birthdate:**

**Age:**

**Parent’s Name :**

**Phone Number:**

**Email:**

**Shirt Size:**

**Emergency Contact:**

**Emergency Contact Phone Number:**

**Parent Signature:**

**Date:**

**Parent Signature:**

**Date:**

**Any questions, please contact Coach William at 224-268-2854 or** [**Bgwill1019@aol.com**](mailto:Bgwill1019@aol.com)

**Parent Signature:**