



Participant Registration Form

PLEASE SPECIFY WHAT SPORT/ACTIVITY: _____

PARTICIPANTS INFORMATION

Participant's Name: _____ DOB: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Parents Name (if minor): _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

School Participant Attends: _____ Grade: _____ Age: _____

Would you as a parent like to volunteer as a coach: YES or NO (please circle)

(please circle or type in size) _____

Youth Small Youth Medium Youth Large Youth XL

Adult Small Adult Medium Adult Large Adult XL

Jersey Number: _____

EMERGENCY INFORMATION

Doctor's Name: _____ Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

Medical Problems: _____

Parent / Legal Guardian Signature: _____ Date: _____

Mail to
Awesome Association
215 Quelqueshue St
Sulphur, LA. 70663