

# REGISTRATION FORM

## PARTICIPANT INFORMATION

Full Name

Date of Birth (MM/DD/YYYY)

Current Age

Athlete Email Address

Athlete Cell Phone (if applicable)

I transfer and grant BOSS Athletics the right to photograph and/or digitally record the participant above and to utilize such digital recordings and photographs and as a part of the event/activity in advertising and promotions.

T-Shirt Size:

Youth XS  
 Youth S  
 Youth M  
 Youth L  
 Youth XL

Adult S  
 Adult M  
 Adult L  
 Adult XL

## TEAM(S) REGISTERING FOR

1st Team

2nd Team

3rd Team

## MEDICAL INFORMATION

Health Card #

Please list any/all allergies

Please list any medication or medication administration requirements (please specify)

Please list any medical conditions or recent injuries that may affect training

## PARENT/GUARDIAN INFORMATION

Full Name

Relationship

Email Address (For Communications)

Address

Postal Code

Home Phone

Cell Phone

## EMERGENCY CONTACTS

Full Name

Relationship

Cell Phone

Other Phone

Full Name

Relationship

Cell Phone

Other Phone