



# YOUTH SOCCER REGISTRATION FORM

~ COMPLETE ONE FORM PER CHILD ~

**Complete registration form must be returned at school to Herve Aka.**

Please email completed form as well to: [afterschools@risingstarsdl.com](mailto:afterschools@risingstarsdl.com)

**Checks payable to : Verne Brooks**

Player's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Player's Age: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

T Shirt Size:

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## IN CASE OF EMERGENCY

Contact 1

Contact 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



# YOUTH BASKETBALL REGISTRATION FORM

~ COMPLETE ONE FORM PER CHILD ~

**Complete registration form must be returned at school to Herve Aka.**

Please email completed form as well to: [afterschools@risingstarsdl.com](mailto:afterschools@risingstarsdl.com)

**Checks payable to : Verne Brooks**

Player's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Player's Age: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

T Shirt Size:

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### IN CASE OF EMERGENCY

Contact 1

Contact 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_