TEAM REGISTRATION TOPSHEET

COPIES-NOTARIZED MEDICAL RELEASE

PHOTO RELEASE

PLAYER/PARENT/COACH AGREEMENT

TEAM NAME: _____

AGE GROUP: _____

☐ GIRLS ☐ BOYS

PLAYER NAME	FEE PAID*

TEAM TOTALS: _____

*** PLEASE LIST ANY SPECIAL FEE CONSIDERATIONS ON BACK OF FORM (SIBLINGS, FINANCIAL RELIEF, ETC.)**

TEAM MANAGER CERTIFICATION: I certify that all paperwork as designated above has been collected, checked, and approved. I, or the Head Coach will be holding this paperwork for our team.

SIGNATURE:_____ **DATE:** ___/___/_____