

Contact Information

Please Print Clearly!

Player's name: _____
Last First Middle

Player's date of birth: _____

Physical address: _____
Number Street City State Zip

Parent's name(s): _____
(OR Legal Guardians) Mother Father

Player's phone numbers: _____
Home Cell

Parent's cell phone numbers: _____
(OR Legal Guardians) Mother Father

E-mail addresses: Player's: _____

Mother's: _____

Father's: _____

Current school attending: _____

Current grade: _____

This form must be completed and on file with Coach Rath before you can play in any games.
No exceptions.