Infinity Elite Athletics Registration Form:

(One Time Non Refundable Fee)

\$30.00 for one child or \$45.00 for families with more than one child

Athlete's Name:					
Age as of Registration:	Grade as of Reg.:	Athlete's Date of Birth:/			
Address:	City:	Zip:			
Phone:	Athle	te's School:			
Emergency Contact:		Phone Number:			
Insurance Provider:		Policy Number:			
Mother's Name:	F	Father's Name:			
Address:		City:Zip:			
Home Phone (Mother):	(Cell Phone (Mother):			
Home Phone (Father):		Cell Phone (Father):			
Work Number (Mother):		Work Number (Father):			
Email (Mother):	E	Email (Father):			
Person Responsible for Payr	nent:				
Signature: Date:					
How did you find out about I	EA?				
Child Cines (Fau All Charling)					
Child Sizes: (For All Star Use) Tank/T-Shirt: Y/SY/MY/LY	//XI Adult/SM Adult/I	A Adult/I Adult/XI			
Shorts: Y/SY/MY/LY/XL					
Shoe: Wind Suit Top: Win					
Office Use Only:					
Date:					
Payment Type: Cash: Debit:	Credit Card: Check #:				