

CHARLOTTE STAMPEDE

Carolina Home Educators Sports Registration Form

Participant's Name: _____
Last First Middle

Participant's Address: _____
Street City State Zip Code

Name of Home School and Administrator (as registered with the state):

Family E-mail Address(es): _____

Player's email (if applicable): _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: Father _____ Mother _____

Player (if applicable) _____

School Grade Level: _____ Age: _____ Date of Birth: _____

Medical Problems/History _____

List any allergies _____

Parent/Guardian Information

Mother/Guardian Name: _____

Address/Phone: (if different than above) _____

Father/Guardian Name: _____

Address/Phone: (if different than above) _____

Emergency contact person(s) and phone numbers:

1) _____

2) _____

Fee Deposit Paid Date _____ Amt. _____ Check # _____ Cash _____

Uniform Deposit Paid Date _____ Amt. _____ Check # _____ Cash _____

All fees and donations paid to Charlotte Stampede or Carolina Home Educators Sports are non-refundable.

Go Stampede!
www.charlottestampede.org