



- Pre-Paperweight NO Charge       Paperweight 2017-2016 \$150
- U-9 2015-2014 \$250       U-11 2013-2012 \$250
- U-13 2011-2010 \$250       U-15 2009-2008 \$250       U-17 2007-2006 \$250

Athlete's Name: \_\_\_\_\_ Gender: M F  
(As it appears on his/her MEDICARE CARD)

Athlete's Birthdate:      Month \_\_\_\_\_      Day \_\_\_\_\_      Year \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Athlete's Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Must be FILLED out

Athlete Lives With:      Both      Mother      Father      Shared Custody

Other: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Athlete's Mother's Name: \_\_\_\_\_

Mother's Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Athlete's Father's Name: \_\_\_\_\_

Father's Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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