

ALLY OOP LITTLE ATHLETES REGISTRATION FORM

Program Selection	Extra Info
Location: _____	How did you hear about us? _____
Day: _____ Time: _____	_____
Season: _____ Type: _____	Referred by: _____

LITTLE ATHLETES INFORMATION

Athletes Name: _____ Gender: Mr. ___ Ms. ___
D.O.B. (MM/DD/YY): _____ Food Allergies/Special Needs: _____
Home Address: _____ City: _____
Postal Code: _____ Home Phone: () _____

PARENTS/GUARDIANS INFORMATION

Mother's Name: _____ Father's Name: _____
Work Phone: _____ Work Phone: _____
Mobile Phone: _____ Mobile Phone: _____
Email: _____ Email: _____

EMERGENCY CONTACTS

Contact Name: _____ Home Phone: _____
Work Phone: _____ Mobile Phone: _____
Relationship to Athlete: _____
Contact Name: _____ Home Phone: _____
Work Phone: _____ Mobile Phone: _____
Relationship to Athlete: _____

DOCTOR'S INFORMATION

Doctor's Name: _____ Office Phone: _____

WAIVER- Please read all policies before signing.

I acknowledge that I have read and accept the Ally Oop Little Athletes policies. I hereby release Ally Oop Little Athletes, their coaches and employees from all claims, demands, losses, actions, suits, or proceedings resulting from the participation of the named child in any facility or at any location where a program is being held. The undersigned consents to the use of all photographs/video by Ally Oop Little Athletes in its marketing/advertising material.

Signature: _____

Printed Name: _____ Date: _____