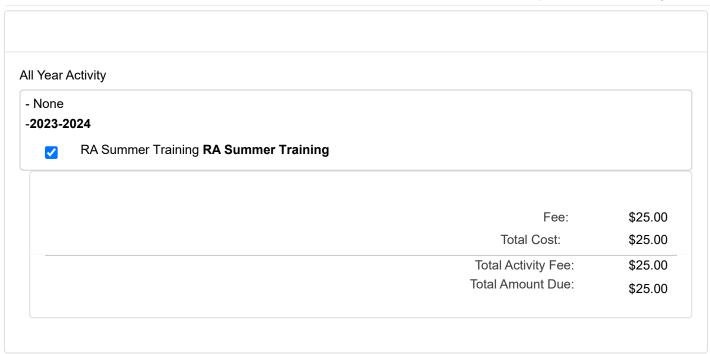


## Registration / Returning Athlete Summer Training 2024

Step 1 of 5: Select Student

Step 1. Select Student	Step 2. Select Activity	Step 3. Physical Forms	Step 4. Parent/Guardian Info
Step 5. Medical Information			
Student Information			
Student ID: First			
Name: * Last			
Name: * Middle			
Initial: Cell			
Phone: Mobile			
Provider:			
- None -			•
Email:			
Gender: *			
- Select -			•
Grade: *			
- Select -			•
Date of Birth: *			
Month			•
Day			•
Year			~
Height:			
- None -			~
Weight:			



## Returning Athlete Summer Training 2024

Step 3 of 5: Physical Forms



Parent/Guardian 1 Information
First Name: *
Last Name: *
Day Phone: *
()
Night Phone: *
()
Cell Phone: *
Address: *
City: *
State: *
- Select -
Zip: *
Email: *

Parent/Guardian 2 Information	
First Name:	
Last Name:	
Day Phone:	
() Night Phone:	
() Cell Phone:	
Address:	
City:	
State:	
- None - Zip:	
Email:	

n		ICOL	Into	rmation
ľ	vieu	ıvaı	HIIIOI	HIIAUUH

Primary Doctor	
Name:	
Address:	
Phone 1:	
()	
Phone 2:	
()	
Preferred Hospital	
Hospital Name:	
Phone 1:	
()	
Phone 2:	
()	
Address:	
Preferred Dentist	
Dentist Name:	
Phone 1:	
()	
Phone 2:	
()	
Address:	

Emergency Contact Information 1
Name: *
Relationship: *
Day Phone: *
()
Night Phone: *
()
Cell Phone: *
Address: *
City: *
State: *
- Select -
Zip: *
Email: *

Name:			
Relationship:			
Day Phone:			
()			
Night Phone:			
()			
Cell Phone:			
Address:			
City:			
State:			
- None -			•
Zip:			
Email:			