

Richmond Spirit Softball Registration Form 2010

Player Information (please print)

Players Last Name				First Name			
Street Address				Home Phone			
City				player's cell Phone			
State		Zip		E-mail			
D.O.B		Age		male		female	
Height		Weight		Grade		Office use MS JV V	
Parents or Legal Guardian Information							
Name				Father's Cell			
Address				Mother's Cell			
City				Email			
State, Zip							

Medical Information

Medications Taken at this time	Allergies	Special Instructions

In the event of injury or emergency, if I or my emergency contact cannot be notified, I authorize the individuals in charge to obtain emergency medical treatment for my child as deemed necessary by competent medical personnel. I understand that I am fully responsible for any and all charges incurred in the event of such treatment.

Primary Medical Insurance Company			
Policy Number		Last Physical	
Physician's Name		Phone	
Address		Preferred Hospital	

REGISTRATION FEE INFORMATION

A player fee of \$50 is due with this registration form. This fee is non-refundable.

Date received: _____ Check# _____ Cash amt. _____

Mail to: Spirit Athletics PO Box 774 Colonial Heights, VA 23834