



## Athlete

## Registration Form

Circle the sport(s) you want to participate in:

Baseball      Bowling  
Basketball

**Athlete Name (please print)**

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**Street Address**

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Circle:  Male  Female  Other  
Shirt Size:  Small  Medium  Large  Extra Large

**Athlete Phone Number (if applicable):**

**Athlete Email Address (if applicable):**

**School Name or Adult Agency (if applicable):**

Parent/Guardian Name:

**Parent/Guardian Phone Number:**

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Parent/Guardian Email:

**\*\*Please Circle your Preferred Form(s) of Communication\*\***

Email:

## Text

Call

1. Does your athlete have a buddy?  Yes  No

No

If yes, please list their name & phone number

2. Would your athlete prefer a male or female buddy?

Male      Female

3. Is there a specific age your athlete's buddy needs to be? \_\_\_\_\_

4. What is the athlete's disability?

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5. Are there any accommodations/modifications that the athlete will need?

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6. Any additional questions/comments?

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Athlete Signature (if applicable):

Parent/Guardian Signature:

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

▲ Just a reminder that parents, guardians, and responsible parties **MUST** be at the SACC event at all times. B