



Athlete

Registration Form

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

Baseball

Bowling

Basketball

Athlete Name (please print)

Street Address

City _____ County _____

State _____ Zip Code _____

Date of Birth: ____/____/____ Age: _____

Circle: Male

Female

Shirt Size: _____

Athlete Phone Number (if applicable): _____

Athlete Email Address (if applicable): _____

School Name or Adult Agency (if applicable): _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

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

Email

Text

Call

1. Does your athlete have a buddy? _____ Yes
_____ 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? _____

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

6. Any additional questions/comments?

Athlete Signature (if applicable):

Parent/Guardian Signature:

Date: _____

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