

TOWN OF GENESEE PLAYER REGISTRATION

Player's Name _____

Address _____

City _____ Zip _____

Telephone _____

Birth Date _____

Check one: Male Female Check one: Soccer Baseball Softball T-ball

E-Mail address _____

***** Whenever possible you will receive e-mails regarding practice times, games, cancellations and general information *****

I approve of my child participating in the Town of Genesee sports program and will assure that he/she will abide by the rules and regulations adopted by those conducting this program. I verify that the information on this registration form is correct and I am aware that participation in this program requires games away from our local residence.

Parent/Guardian Signature _____

Please sign after you print this form

Date _____

School _____ Grade right now _____ Shirt size Youth _____ Adult _____

Special Requests _____

EMERGENCY CONTACT – other than name and phone number listed above

Name _____ Phone _____

Last year coaches name _____