



## The EDGAR MAY STINGRAYS REGISTRATION FORM

### PARENT CONTACT INFORMATION

#### PARENT 1

NAME: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ M\_\_\_ F\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

#### PARENT 2

NAME: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ M\_\_\_ F\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

### ATHLETE INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_  
PREFERRED NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_ MALE \_\_\_ FEMALE ATHLETE EMAIL \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_  
EMERG. CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
MEDICAL CONDITIONS:  
  
MEDICATIONS:

**ADDITIONAL FAMILY ATHLETE INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_ MALE \_\_\_ FEMALE ATHLETE EMAIL \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

EMERG. CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MEDICAL CONDITIONS:

MEDICATIONS:

**ADDITIONAL FAMILY ATHLETE INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_ MALE \_\_\_ FEMALE ATHLETE EMAIL \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

EMERG. CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MEDICAL CONDITIONS:

MEDICATIONS: