



P4K REGISTRATION FORMS AND UNIFORM SIZING

Name of Player: _____ DOB: _____ Grade: _____ School: _____

Name of Parent(s): _____

Address: _____

City: _____ Zip: _____ Parent Mobile Phone: _____

Uniform Jersey (Circle One): YS YM YL YXL AS AM AL AXL A2XL

Shorts (Circle One): YS YM YL YXL AS AM AL AXL A2XL

Shooting (Circle One): YS YM YL YXL AS AM AL AXL A2XL

Requested Jersey Number (First/Second): ____/____ Name on Shooting/Backpack: _____

Parent Email _____

Health or Mental Conditions (including Allergies):

Current Medications: _____

Alternative Emergency Contact:

Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Email: _____

It is the responsibility of parent and player to selector suitable uniform size. All uniform sizing and ordering are final. In addition, I release Play For Keeps, its staff, sponsors and volunteers, from responsibility and liability for any injury that my child may sustain during all Play For Keeps related activities. I expect to be contacted immediately should any emergency should occur and grant that in the case of an emergency an adult leader can act as an agent for me and consent or authorize any medical diagnosis and treatment advised and supervised by a physician licensed to practice under the laws of the state of California.

Parent Signature: _____ Date: _____