



OFFICE USE ONLY	
M/F	AGE
GROUP	

# REGISTRATION FORM

<b>Last Name</b>		<b>First Name</b>		<b>Initial</b>
<b>Address</b>			<b>APT. #</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Sex (M/F)</b>	<b>Age Today</b>	<b>Date of Birth</b>		
<b>USA Citizen?</b> Circle YES or NO		If no, country of Citizenship		
<b>Phone Number</b>		<b>Cell</b>		
<b>Email</b>				
<b>Uniform Size</b>		FOR OFFICE USE ONLY <b>USA #</b>		
Shirt size	Pant size	FOR OFFICE USE ONLY <b>AAU #</b>		
<b>Emergency Contact #</b>				
<b>Hospital Name</b>				
<b>Doctor's Name:</b>			<b>Dr.'s Phone Number:</b>	
<b>Any medical condition(s) or known Allergies:</b>				

Checks made payable to: **Flash Youth Sports**      **Fee-\$175 After April 15th-\$195**  
**A NSF fee of \$35 will apply**      **NO Refunds**

Signature X

**Printed Name**

<b>OFFICE USE ONLY</b>			
<b>Fees Paid</b>	<b>Major Credit Card</b>	<b>Cash</b>	<b>Money Order</b>
Please circle one			