



**How did you hear about KIDSPORTS?**

- School
- Previous Participant
- Coach
- TV
- Radio
- KIDSPORTS Website
- Classmate
- Other \_\_\_\_\_

## REGISTRATION FORM

2190 Polk St., Eugene OR 97405 (541) 683-2374 Fax (541) 302-9430

Flag Football Volleyball	Tackle Football Baseball/Softball	Tot Soccer Lacrosse	K-3 <sup>rd</sup> Rec Soccer Clinic (Please Specify): _____	4 <sup>th</sup> -12 <sup>th</sup> Classic Soccer	Basketball
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Player Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment/Space Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

DOES YOUR CHILD RECEIVE FREE LUNCH? YES NO

DOES YOUR CHILD RECEIVE REDUCED LUNCH? YES NO

**IF SCHOLARSHIP ASSISTANCE IS NEEDED, PROOF OF FREE/REDUCED LUNCH OR INCOME IS REQUIRED UPON REGISTRATION.**

**Emergency Contact (we will only contact this person if Kidsports is unable to reach parent/guardian):**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN, SEE REVERSE SIDE OF THIS FORM & SIGN/DATE!**

**OFFICE USE ONLY**

**Shirt Sizes**

**Baseball/ Softball \$40.00**

Youth Small \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Youth Medium \_\_\_\_\_

**AMOUNT PAID: \$** \_\_\_\_\_

Youth Large \_\_\_\_\_

Adult Small \_\_\_\_\_

**Type of Payment:**

Adult Medium \_\_\_\_\_

Check #: \_\_\_\_\_

Adult Large \_\_\_\_\_

Cash \_\_\_\_\_

Adult X-Large \_\_\_\_\_

Scholarship requested \_\_\_\_\_ Approved by: \_\_\_\_\_