

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

## YOUTH PARTICIPANT REGISTRATION

Youth Participant Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade going into next school year: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Any Existing Medical Problems: \_\_\_\_\_

Have you ever had a concussion? \_\_\_\_\_

If yes, on what date were you cleared by a medical professional to re-engage in athletic activities:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

Emergency Contact Relationship to applicant/participant: \_\_\_\_\_

### Insurance Information

Are you or your dependents entitled to benefits under any Employer Union, Group, Group Blue Cross, Blue Shield, Medicare, Medicaid, or any other governmental program?

\_\_\_\_\_

Insurance Company Name & Phone number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber's relationship to participant: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_