



Childs Name:		Jersey Number:	
Guardians Name:			
Name:	Phone:	Email:	
Name:	Phone:	Email:	
think to 1 G . The			
**Medical Conditions:			
Documents Received: Birth Certificate			
Proof of Grade			
Proof of Address	<u></u>		
Physical			
Signed Athlete code of conduct	Ī		
Χ			
Signed Parent code of conduct			
X			
Paid Registration Weigh-in			
	<u></u>		
Oranges Drinks Chains	Snacks		