



Player Registration

Player Name _____

Nickname: _____

DOB: _____ Cell # _____

Email : _____

Uniform Size _____ Preferred # _____ (list 3)

Address: _____

Any Medical Conditions ? _____

Parent Guardian 1 (PG1) name : _____

Parent Guardian 2 (PG2) name : _____

PG1 Cell: _____ email : _____

PG2 Cell: _____ email : _____

+++++

Paid:

Check #

Copy of AAU Membership Card:

