



APPLICATION FOR MEMBERSHIP

Application Date: _____ / _____ / _____
Month Day Year

Applicant Name: _____
Last First Middle

Address: _____
City State Zip Code

Birthdate: _____ Age: _____ Gender: _____ Current Grade Level: _____

School Name: _____ Height: _____ Weight: _____

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Middle

Guardian(s) Name: _____
Last First Middle

Parent (s) Email Address (Required): _____

Home Address: _____
City State Zip code

Home Phone: _____ Mother Cell: _____ Father Cell: _____

Alternate Contact Information: _____

_____/_____
Relationship Cell Phone

T-Shirt Size (circle one): **YS YM YL YXL AS AM AL XL 2XL 3XL 4XL**

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date