

Howell Athletic Association of Christian Home-educators

TEAM REGISTRATION FORM

*Players must be 51%+ homeschooled to be eligible.

Today's Date: _____

PLEASE CIRCLE THE GENDER & SPORT YOU ARE REGISTERING FOR:

Gender: **Girls** **Boys**
Sport: **Soccer** **Volleyball** **Basketball** **Baseball**

PLAYER INFORMATION

Player Name: First: _____ **Last:** _____

Player Birth Date: (MM/DD/YYYY) ____/____/____ **Grade Level:** _____

Parent/Legal Guardian Names:

(Please include last name if different than player's last name)

Father/Guardian: _____ **Mother/Guardian:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Numbers: (Area Code) XXX-XXXX

Home (____) ____ - ____ **Mobile1** (____) ____ - ____ **Mobile2** (____) ____ - ____

Primary E-mail _____@_____ **Note: Should be checked regularly**

Secondary E-mail _____@_____

Uniforms

Shirt size: (please circle) **Youth** **Adult** (please check) **S** ___ **M** ___ **L** ___ **XL** ___

Short size: (please circle) **Youth** **Adult** (please check) **S** ___ **M** ___ **L** ___ **XL** ___

Number Preference (we'll do our best to accommodate) _____

* As the parent or legal guardian of the above player, I verify that he/she is at least 51% homeschooled, and I will notify the coach if this status changes.

Signed _____ **Date:** _____

Office Use Only:	initial
Volunteer	
Fundraising	
Uniform	
Forms (HH, M, CC)	
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