



First Team Athletics

REGISTRATION FORM
WWW.FIRSTTEAMATHLETICS.COM
786-370-7066



Participant's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Date of Birth: ____/____/____ Age: ____ School: _____

Parent / Legal Guardian Name: _____

Work Phone: _____ Cell Phone: _____ Other: _____

Email address: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Physician's Name: _____ Phone # _____

Preferred Hospital: _____

Please circle player's age group: 7-10 or 11-14

Please indicate the appropriate size: (Please Circle One)

- | | | | | |
|---------|--------------------------------------|---------------------------------------|--------------------------------------|--|
| Shirts: | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult X-Large |
| | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth X-Large |
| | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult X-Large |

PRINT NAME OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **Date:** _____

Form of Payment: Cash Check-Check # _____

**Please make checks payable to
First Team Athletics
and mail them to
13927 S.W. 9 ST
Miami FL 33184**