



HILL AFB YOUTH SPORTS REGISTRATION



CHILD'S NAME: _____

ACTIVITY (Circle One):

SOCCER

BASKETBALL

BASEBALL/T-BALL

OTHER: _____

PREFERRED PRACTICE DAYS (Not Guaranteed):

Mon/Wed

Tue/Thu

No Preference

PLAYING EXPERIENCE: _____ yrs.

WEIGHT: _____ lbs.

HEIGHT: _____

OTHER SIBLINGS REGISTERED IN THE SPORT (Names & Ages):

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

JERSEY SIZE (Circle One):

Youth X-Small (Soccer Only)

Youth Small

Youth Medium

Youth Large

Youth X-Large/Adult Small

Adult Medium

Adult Large

Adult X-Large

YOUTH PROGRAMS STAFF USE ONLY:

DATE RECEIVED _____ PHYSICAL EXP. _____ APPOINTMENT LETTER REC'D. _____

IMMUNIZATIONS REC'D. _____ FLU SHOT EXP. _____ STAFF INITIALS _____