



Player's Information:

Last Name: _____ First Name: _____

MI: _____

Gender: _____ DOB: ____ / ____ / ____ Division: U_____

Street: _____

City: _____ IL Zip: _____

Home Phone: _____

Is player a club/travel player? Yes No

Attach Copy of Birth Certificate to this form!

Uniform Information:

Jersey Size: YXS YS YM YL

Short Size: YXS YS YM YL

AS AM AL AXL A2XL

AS AM AL AXL A2XL

Parent's Information:

Father

Last Name: _____ First Name: _____

Street: _____

City: _____ IL Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Father will help with: Head Coach Assistant Coach League

**Head coach receives a \$35 rebate at end of season*

Mother

Last Name: _____ First Name: _____

Street: _____

City: _____ IL Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Mother will help with: Head Coach Assistant Coach League

**Head coach receives a \$35 rebate at end of season*



Emergency Information:

Emergency Contact Name:

Phone: _____ Relation: _____

Doctor Name: _____

Phone: _____

Hospital: _____

Allergies: _____

ALL players will be randomly assigned to teams!

Players are not allowed to request a specific team, unless someone from the family is a sponsor, head coach, or assistant coach to that team.

Family Fees

\$85 one player

\$165 two players

\$240 three players

\$310 four players

\$375 five players

Checks payable to CWSA

Amount Due: _____ Amount Paid: _____ Method:

Birth Certificate Copy: Y N