



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 \$15 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 \$15 rebate at end of season*



**Emergency Information:**

Emergency Contact Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

**ALL practices and games will be held at Hawkins Park.**

**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**

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Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Method:

\_\_\_\_\_

Birth Certificate Copy:    Y    N