

Registration Form

		Child Inf	ormation	1		
	meLast	First		Age	_ Sex M F Birth D Circle one	
Address_	STREET NUMBER	APT #	CITY	STATE	ZIP CODE	
Home Pho	ne#	<u>-</u>				
School			Uniform	Size M	L XL XXL	
Emergenc	y phone Numbers: Contact	person		Phone#_		
	Contac	t person		Phone#_		
Any Medic	al or Physical Restrictions	? Yes No If Yes p	lease note			
Child's Si			Suardi an Information			
Parent / (Guardian				,	
Parent / Guardian						
Cell Phone	2	Emai	I			
Parent/	'Guardian Agreem	<u>ient</u>				
	 I hereby authorize their best judgmen child with the unde I hereby give my cl 	Ithorized to execute the the staff of Gladiator t in case of emergenc rstanding that the fan	his Registra Sports Inc. y and to ob nily will be r home on his	tion Form o to act in m tain necess notified as s	y behalf in accorda ary medical treatn soon as possible.	nent for my
	1)4. I agree to participa			3)		
	4. I agree to participa	te in fundraisers and	raise at leas	ST \$5U.		
Parent /	Guardian Signature:				Date	