

Player Contact Information

Player's Name: _____

Address: _____

Home/Evening Phone Number: _____

Daytime Phone Number: _____

Parent/Guardian Name(s):

Name: _____

Cell Phone: _____

Email: _____

Name: _____

Cell Phone: _____

Email: _____

Consent for use of contact information and use of photographs:

I authorize the use of my contact information for the purpose of receiving communications and for the production of a "contact sheet" that will be shared with coaching staff and all families involved directly with our team. I also authorize sport/team event photographs of my son to be used on our team web site as well as to produce newspaper notices (e.g. Team of the Week) and/or memorabilia for the team.

Name (Printed): _____

Signature: _____

Date: _____