

BRANDON COWBOYS REGISTRATION INFORMATION

***Note: This contact information will be used for all Cowboy communications.
You will be responsible for notifying the Brandon Cowboys of any changes.**

PLAYERS NAME:			
DATE OF BIRTH:		AGE AS OF JULY 31	
PLAYERS PRIMARY HOME ADDRESS:			
MAILING ADDRESS: (if different than above)			
	MOTHER'S INFO	FATHER'S INFO	OTHER INFO
CHILD RESIDES WITH:	MOTHER	FATHER	OTHER
NAME(S) OF PARENT(S)/GUARDIAN RESIDING WITH:			
PHONE NUMBERS:	HOME #:	HOME #:	HOME #:
	CELL #:	CELL #:	CELL #:
E-MAIL ADDRESS(ES):			
EMERGENCY CONTACT NAME: (other than above)	NAME:	PHONE:	
DID YOU PLAY FOR ANOTHER ORGANIZATION LAST YEAR?	YES NO	IF YES, WHAT TEAM? (IN CASE A WAIVER IS REQUIRED)	
OTHER SIBLING(S) WITH THE COWBOYS			
NAME:	AGE:	NAME:	AGE:
NAME:	AGE:	NAME:	AGE:
ALLERGIES/ASTHMA TRIGGERS: (Include any food allergies)			
CURRENT MEDICATIONS:			
YOUR NAME:			
RELATIONSHIP TO PLAYER:		DATE:	