



Registration Form

This registration form and information is required for participation on our competitive teams and is used for liability reasons and player's AAU insurance.

Player's First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age on Sept. 1, 2019: _____ Grade after Sept. 1, 2019: _____

Home Phone: _____ Players Email Address: _____

Current School: _____ Probable High School: _____

Uniform Size in Youth/Men's (circle one) Jersey _____ Shorts _____ Shirt: _____

Height: _____ Weight: _____ Position(s) Played: _____

Mother's First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Father's First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Med Insurance Carrier: _____ Policy/Member ID No. _____

Physician's Name & Phone Number: _____

Health Problems/Concerns: _____

I grant permission for my child's participation in San Diego Piranhas practices, games, tournaments, team clinics, player workouts, and team conditioning sessions. I will assure all risks caused by injuries due to participation, including transportation to and from activities. San Diego Piranhas will not be liable for injuries that an athlete might sustain during any of the previously mentioned activities. I grant permission to coaches/staff to consent to emergency treatment for my child until a legal guardian can be contacted. I also understand all fees collected for this program is non-refundable.

Parent(s) Signature: _____ Date: _____