

Middletown Spring Blast

TEAM INFORMATION

Please be sure that all information for coaches and administrators is updated and accurate in your team's registration account

Please submit to the appropriate email address listed below

GIRLS - jamieversole14@gmail.com

BOYS - Bflyn0819@gmail.com

AGE GROUP (circle one): u9 u10 u11 u12 u13 u14 u15 u16 u17 u18/19

GENDER (circle one): Boys Girls

TEAM NAME: _____

COACH'S NAME: _____

COACH'S CELL PHONE: _____ Accepting text messages: yes no

ALTERNATE CONTACT: _____

ALTERNATE CELL PHONE: _____ Accepting text messages: yes no

Team Title: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Roster # _____ | <input type="checkbox"/> Concussion Certificates |
| <input type="checkbox"/> Parent/Player Liability Release | <input type="checkbox"/> Lindsay Law Forms |
| <input type="checkbox"/> Coaches Liability Release | <input type="checkbox"/> Permission to Travel |
| | <input type="checkbox"/> Guest Player Roster # _____ |