

BluestreakZ Athletic SportZ

Registration Form

Child	Last Name			
	First Name			
	Middle Initial			
	Gender	Male _____	Female _____	
	Grade (on Sept 6, 2012)	Pre-K _____ K _____ 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ 5 th _____ 6 th _____ 7 th _____ 8 th _____ 9 th _____ 10 th _____ 11 th _____ 12 th _____		
	Date of Birth (mm/dd/yyyy)			
	Height (inches)			
	Weight (lbs)			
	Shirt Size	Youth: Small Medium Large x-large	Adult: xSmall Small Medium Large	
	Shorts Size	Youth: Small Medium Large x-large	Adult: xSmall Small Medium Large	
	Street Address			
	City, State ZIP			
	Program Preference:	<input type="checkbox"/> Youngest <input type="checkbox"/> Monday/Tuesday Night Ball <input type="checkbox"/> Summer Street Ball <input type="checkbox"/> Other		

Contact	Phone – Home		
	Phone – Mobile (for text msgs, list carrier)		
	Phone – Mobile for text msgs, list carrier)		
	Email (please print slowly)		
	Email (please print slowly)		
	Email (please print slowly)		
	Parent Name		
	Parent Name		
	Check Number: (Pay to Bluestreakz)		Check Amount: