Red River Rattlers Contact Information

Father's Name:		Cell #						email	
Mother's Name:	Cell #						email		
Mailing Address:									
If last minute schedule changes	occur, w	hat i	s the l	best v	vay to	conta	ct your	family?	
In an emergency, alternate conta	act nam	e:						Phone #	
Physician's Name		Phone #							
Insurance Company			Phone #						
Player's Name:			Cell #					_ email	
Date of birth			Sch	iool Grade			Age as of September 1 st		
Clothing Size (circle one)	YM	YL	YXL	AS	AM	AL	AXL	Player's Number	
Height	Height Weight Insurance Policy Number								
Allergies									
Health History									
layer's Name: Cell #				!				email	
								Age as of September 1 st	
Clothing Size (circle one)	YM	YL	YXL	AS	AM	AL	AXL	Player's Number	
Height	Weight Insurance Policy Number								
Allergies									
ayer's Name: Cell #								_ email	
Date of birth	Date of birth			Sch	ool Gr	ade _		Age as of September 1 st	
Clothing Size (circle one)	YM	YL	YXL	AS	AM	AL	AXL	Player's Number	
Height	Height Weight					nsurai	nce Poli	cy Number	
Allergies									
Health History									