

2019/2020 Registration



Players Name	Grade	School
Address	Age	Birthdate
City, State, Zip	Parents/Guardians Names	
Please list phone numbers for your family (in the order you prefer) and describe the number; i.e. home/father's cell/mother's work/emergency etc...		
	Phone #	Description
Our main way of getting information to our families is via email. Please list email addresses you want FGCBBA information sent to. Please describe the address; i.e. home/father's/mother's work/etc...		
	Email	Description
Medical and allergy information/concerns:		
I give permission for my child to be photographed and for these photographs to be used to market "FGBA"		
Yes	No	

The undersigned consents to his/her daughter being given emergency treatment by a physician or hospital in case of an accident or illness.

Parent/Guardian Signature

Date