

Cabarrus County Youth Athletic Leagues Athletic Participant – General Information

Registration Date

Part I. Registration Information

Participants Name _____
PRINT (First) (Middle) (Last)

Participants Address _____
(Street/Box #) (City/State) (Zip)

Home Phone # _____ - _____ - _____ Other Phone # _____ - _____ - _____

Participants Birthday ____/____/____ Age ____ Grade ____ Gender: Female Male

Elementary School District in which participant resides: _____

Parents/Guardian Names: _____
PRINT (First) (Last)

Email Address: _____

Sport: (Check One)

Baseball	Softball	Soccer	Basketball	Football	Cheerleading
<i>Age as of May 1</i>	<i>Age as of Jan. 1</i>	<i>Age as of Oct. 15</i>	<i>Age as of Oct. 15</i>	<i>Grade as of Aug. 1</i>	<i>N/A</i>
<input type="checkbox"/> 5-6 Coach Pitch	<input type="checkbox"/> 7-8 Coach Pitch	<input type="checkbox"/> 4-6 Soccer	<input type="checkbox"/> 5-6 Basketball	<input type="checkbox"/> Flag (K-1 st)	<input type="checkbox"/> All Ages
<input type="checkbox"/> 7-8 Coach Pitch	<input type="checkbox"/> 9-10 Softball	<input type="checkbox"/> 7-8 Soccer	<input type="checkbox"/> 7-8 Basketball	<input type="checkbox"/> Division 1 (2 nd -3 rd)	
<input type="checkbox"/> 9-10 Baseball	<input type="checkbox"/> 11-12 Softball	<input type="checkbox"/> 9-10 Soccer	<input type="checkbox"/> 9-10 Basketball	<input type="checkbox"/> Division 2 (4 th -5 th)	
<input type="checkbox"/> 11-12 Baseball	<input type="checkbox"/> 13-15 Softball	<input type="checkbox"/> 11-12 Soccer	<input type="checkbox"/> 11-12 Basketball	<input type="checkbox"/> Division 3 (6 th -7 th)	
<input type="checkbox"/> 13-15 Baseball	<input type="checkbox"/> 16-18 Softball	<input type="checkbox"/> 13-15 Soccer	<input type="checkbox"/> 13-15 Basketball		
<input type="checkbox"/> 16-18 Baseball		<input type="checkbox"/> 16-18 Soccer	<input type="checkbox"/> 16-18 Basketball		

Birth Certificate Verified: _____ On File: _____

T-Shirt Size: *Check One* YS YM YL YXL AS AM AL AXL AXXL

Pants Size: *Circle One* YS YM YL YXL AS AM AL AXL AXXL

Cheerleading: *Circle One*

Shirt/Top: YS YM YL YXL AS AM AL AXL AXXL

Bottom/Skirt: YS YM YL YXL AS AM AL AXL AXXL

Participants Weight: (Football Only) _____

Part II. Medical History

Past Medical History/Surgeries: _____

List Any Allergies: _____