

EAST PROVIDENCE ATHLETIC DEPARTMENT  
Team Registration Form

SCHOOL: \_\_\_\_\_ SPORT: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ HOME ROOM: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

**PERSON WHO CAN BE CONTACTED IN AN EMERGENCY OTHER  
THAN YOUR PARENT OR GUARDIAN:**

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

*Important medical information that your coaches should be aware of  
(allergies, medicines that you must use as prescribed by a physician, prior  
injuries, etc.):*

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