



# SQUIRE SPORTS

*"WHERE SPORTS & SERVICE ARE FUN"*

## REGISTRATION FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Recreational Activities:** *(please check off all that you are interested in)*

Frisbee \_\_\_\_\_ Dodge Ball \_\_\_\_\_ Flag Football \_\_\_\_\_

**Community & Service Activities:** \_\_\_\_\_

**Educational Activities:** \_\_\_\_\_

**Sports:** *(please check off all that you are interested in)*

Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Lacrosse \_\_\_\_\_  
Rugby \_\_\_\_\_ Volleyball \_\_\_\_\_

As the Parent/Guardian of (Participant) \_\_\_\_\_, I hereby give permission for the above named to participate in the Squire Sports Program. I further attest that the participant is in good health and I know of no physical condition that could prevent the participant from taking part in the Squire Sports Program.

X \_\_\_\_\_ Date: \_\_\_\_\_

*"SQUIRE SPORTS is a Non-Sectarian, Federal 501c3, Youth Educational, Service, Community and Sports Organization"*

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