



CHARLOTTE STAMPEDE

Carolina Home Educators Sports 2012 Registration Form

Participant's Name: _____
Last First Middle

Participant's Address: _____
Street City State Zip Code

Name of Home School and Administrator (as registered with the state):

Family E-mail Address(es): _____

Player's email (if applicable): _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: Father _____ Mother _____

Player (if applicable) _____

School Grade Level: _____ Age: _____ Date of Birth: _____

Player uniform information: (To be completed at Admin. Meeting)

Shirt size: [S M L XL XXL] [Youth or Adult] (circle size)

Preferred jersey # _____ 2nd choice of # _____ 3rd choice of # _____

Hat size _____

Medical Problems/History _____

List any allergies _____

Parent/Guardian Information

Mother/Guardian Name: _____

Address/Phone: (if different than above) _____

Father/Guardian Name: _____

Address/Phone: (if different than above) _____

Emergency contact person(s) and phone numbers:

1) _____

2) _____

Deposit Paid Date _____ Amt. _____

Go Stampede!
www.charlottestampede.org

Note: All fees or donations paid to Carolina Home Educators Sports are non-refundable.