



Apex Athletics, Inc.

Athlete Registration Form 2017-2018

Athlete information

First Name _____	Last Name _____	Middle Initial _____
Birthdate _____	Age as of 8/31/2017 _____	Gender _____
Allergies/ Medical Conditions _____		
Street Address _____		
City _____	St _____	Zip _____
Home Phone _____	Cell Phone _____	
Athlete's Email Address _____		

Family information

Mother's First Name _____	Mother's Last Name _____
Mother's Work Phone _____	Mother's Cell Phone _____
Father's First Name _____	Father's Last Name _____
Father's Work Phone _____	Father's Cell Phone _____
Email Address(es) For Communication _____	
Emergency Contact Other than Parent _____	Phone _____
Relationship to Athletes _____	