

Sweetwater Lopes Player Registration

Date of Birth	
First Name	
Middle Name	
Last Name	
NickName	
Suffix	
Gender	
Home Email	
Home Phone	
Address 1	
Address 2	
City	
State	
Zip	
First Name Guardian	
Last Name Guardian	
Guardian Phone	
Guardian Email	
Any medical conditions?	

Signed Waiver / CoC	Date:
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Equipment Check- Out	Yes	No
Helmet Size	XXS(6 5/8) XS(6-63/4) S/M(6 7/8-7 1/2) M/L(7 1/4-7 5/8)	
Equip. Set # / Condition		
Helmet # / Condition		
Signed Equipment Form	Date:	

Player Number		
Shirt Size	YS YM YL AS AM AL AXL AXXL	
Short Size	YS YM YL AS AM AL AXL AXXL	
Uni Paid (How Much/Date)		