



Sports Registration

Circle Sport:

Fall Basketball
Coach Pitch
Start Smart (Baseball)
Start Smart (Basketball)

Winter Basketball
Machine Pitch
Operation Night Hoops

T-Ball
Baseball

PLAYER'S NAME _____

BIRTHDATE ___/___/___ AGE ___ MALE/FEMALE
(circle please)

FATHER'S NAME _____

DUTY PHONE _____ HOME PHONE _____

MOTHER'S NAME _____

DUTY PHONE _____ HOME PHONE _____

E-MAIL _____

ADDRESS _____

CITY _____ ZIP CODE _____

EMERGENCY CONTACT _____ PHONE _____

MEDICAL INFORMATION / COMMENTS:

**All Children playing sports with the Tinker Youth Center must have a Sports Physical on file.*

RECEIPT # _____ AGE VERIFICATION _____ PHYSICAL _____
(Staff Initials) (Y or N)

Fax to: 405-734-6892