

SWFL Challenger League Player Registration

Player Information

Participant Name: _____

Age: _____ Birth Date: _____

Home Address: _____

City: _____ Zip: _____

School: _____

Describe any Type of Special Needs: _____

Shirt Size:

Child

Adult

Small

Med

Large

XL

XXL

Parent /Guardian Information

Contact : _____ Relationship: _____

Phone: _____ Alt #: _____

E-Mail Address: _____

Contact : _____ Relationship: _____

Phone: _____ Alt #: _____

E-Mail Address: _____

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Registration may be done at the field prior to any regular season game.