

Fort Calhoun Youth Sports Organization

Registration Form

(One per family)

Parent/Guardian Information		
Mother:	Home Phone:	Cell Phone:
Mailing Address:	Work Phone:	Email Address:
Father:	Home Phone:	Cell Phone:
Mailing Address:	Work Phone:	Email Address:
Other Contact: Relationship to Player:	Phone:	Email Address:

Child 1		
First Name:	Last Name:	Middle Initial:
Grade (2007-2008 school year):	Gender:	Date of Birth:
List any health conditions or special needs:		
Interested in: Baseball/Softball _____ Football _____ Soccer _____		

Child 2		
First Name:	Last Name:	Middle Initial:
Grade (2007-2008 school year):	Gender:	Date of Birth:
List any health conditions or special needs:		
Interested in: Baseball/Softball _____ Football _____ Soccer _____		

Child 3		
First Name:	Last Name:	Middle Initial:
Grade (2007-2008 school year):	Gender:	Date of Birth:
List any health conditions or special needs:		
Interested in: Baseball/Softball _____ Football _____ Soccer _____		

Child 4		
First Name:	Last Name:	Middle Initial:
Grade (2007-2008 school year):	Gender:	Date of Birth:
List any health conditions or special needs:		
Interested in: Baseball/Softball _____ Football _____ Soccer _____		

NOTE: Please also include a copy of each child's birth certificate

Send to: FCYSO, P.O. Box 272, Fort Calhoun, NE 68023