



# Returning Player Registration Form

## HSJPSA/USO Athletics - Spring 2014

Indicate Jersey Number: \_\_\_\_\_

**\*\*RESERVE YOUR SPOT & JERSEY #\*\***

**PLEASE MAKE CHECKS PAYABLE TO USO ATHLETICS**

Player's Legal Name			Last		First		Nickname if any		
Street Address						City		Zip Code	
Home Phone		Date of Birth		School Attending			Grade Level		
(Parent / Guardian Name)		Last		First		Cell Phone	Work Phone	Email	
(Parent / Guardian Name)		Last		First		Cell Phone	Work Phone	Email	
(In Case of Emergency) Physician's Name						Phone		Medical Facility	
Emergency Contact Name #1				Phone		Phone		Relationship	
Emergency Contact Name #2				Phone		Phone		Relationship	
Medical Insurance Carrier Name: HMSA KAISER QUEST MILITARY/TRICARE				Group No.		Subscriber No.		Subscriber Name	

**\*\*A new physical is required if your physical is expired\*\***

<input type="checkbox"/> \$88	New practice jersey, pacifier mouthpiece, game socks, & fees.
<input type="checkbox"/> \$0	No Equipment Fees – player uses own/existing equipment. <i>Those players using USO Athletic shoulder pads will receive them again in February. All individually owned helmets must be recertified every two years for safety, and should be reconditioned for sanitation purposes every season. This cost is at your own expense through a certified, reputable dealer. Verification may be required.</i>

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Today's Date