



## Participant / Student Information

**This registration is required for all participants.**  
**This form must be on file at the State Coordinators office prior to any practices. Failure to fill out this form will disqualify the participant from any insurance or team events.**  
**Mail forms to #2 Natural Resources Dr. Little Rock AR 72205**

**\*Please print - Fill out one section per participant.\***

Division:	<input type="checkbox"/> Junior (grades 6-8) <input type="checkbox"/> Senior (grades 9-12)
Participant / Students Name:	
Address	ST / PO Box
	City <span style="float: right;">Zip</span>
Phone Number:	Cell:
E-mail Address (please print)	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female      D.O.B.    /    /
	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
Parent / Guardian:	
Phone Number:	Cell:
Insurance Provider	
12 or 20 Gauge	
Head Coaches Name	
Team Name:	

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* A Parental Consent Form must be signed and accompany this form.\***

<b>For official use only:</b>
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