



Participant Name: _____

Participant Age: _____

Address: _____

Grade entering in the Fall: _____

Parent/Legal Guardian Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Parent/Guardian Insurance Company: _____

Policy ID Number: _____

Please list any allergies: _____

Please list any medical conditions: _____

Please list any other concerns: _____

T-Shirt Size (Grace and Pace Kids shirts available for \$25): _____ **Adult /Youth**

Please complete this form and the Grace and Pace Kids waiver prior to first practice.