



Please Print

2009

Name: _____ Age: _____ DOB: _____

Mailing Address: _____

_____ Zip Code: _____

Phone Number: _____ E-mail: _____

Father/ Guardian: _____ Work Phone: _____

Mother/Guardian: _____ Work Phone: _____

Father Cell: _____ Mother Cell: _____

Emergency Contact Person: _____

Emergency Phone: _____

Does your child have any physical and /or medical problems? Yes _____ No _____

If yes, what? _____

For Staff Only

Elkins Otters Winter Conditioning: \$60.00 + \$3.60 (tax) = \$63.60 Paid _____ Ck ___ Cash ___

Elkins Otters Summer League: \$75.00 + \$4.50 (tax) = \$79.50 Paid _____ Ck ___ Cash ___

Liability Form _____

Age Division _____