2012 Team Registration Form

PLEASE PRINT CLEARLY:

School Name: Team Name:

Head Coach's Name: E-Mail Address:

Home Phone: Cell Phone:

Scheduled Day Of The Week Team Shoots:

ATHLETE ROSTER:

Complete your team's roster below and verify you have all the required completed forms. Use additional sheets if necessary.

ATHLETE'S NAME	MALE/ FEMALE	AGE	GRADE	MEDICAL CONSENT FORM Coaches retain	SPORTS-MANSHIP FORM Coaches retain	CONSENT & WAIVER FORM Send original To MSHSCTL	REGISTRATION FEE Send to MSHSCTL

DEADLINES:

LEAGUE TEAM REGISTRATION 3/1/12. ATHLETE ROSTER, FORMS AND FEE 3/15/12.

1. Include a completed **ORIGINAL** Consent & Waiver Form for each athlete.
2. Include the $10 Registration Fee for each athlete. Make check payable to MSHSCTL.
3. Mail all required materials to: MSHSCTL, 4710 Harbor LN, Plymouth, MN 55446