

BEVERLY HILLS GATORS APPLICATION

Season: 20_____

Player Last Name_____ Player First Name:_____

Player Middle Name:_____ Age:_____ Birth Date:_____

Address:_____ City:_____ Zip:_____

PARENT /GUARDIAN INFORMATION:

Parent First Name:_____ Parent Last Name:_____

Parent Phone Number:_____

Parent Email Address:_____

ALTERNATE PARENT/GUARDIAN INFORMATION (if no applicable, check "none") NONE:

Alternate Parent First Name:_____ Parent Last Name:_____

Alternate Parent Phone Number:_____

Alternate Parent Email Address:_____

All documents must be completed and submitted in order for your child to participate.

2017 Registration Documents can be downloaded directly from: www.bhgators.com registration page.

The **ORIGINAL Birth Certificate and Original Doctor Medical Release must be submitted.** Once your player is certified to play, we will return the Original Birth Certificate to you.

- **Original Birth Certificate**
- **Player Contract**
- **Original Doctor Medical Release**
- **Parent Medical Release**
- **Player Code Of Conduct**
- **Player Image Release**
- **Parent/Player Concussion Information Document**