

Journey House Athletics Programs Registration Application
(Football, Basketball, Soccer, Baseball)



ATHLETIC PROGRAMS
Registration Application

Library Card #

Player Name: _____

Address: _____

Zip Code: _____

Date of Birth: _____ **Age:** _____

(Month/Day/Year)

Demographics: Circle One: African Am/ African Am Haitian/ American Indian / Asian Am /
Caucasian Am/ Latino Am/ Asian Am Hmong/ Asian Am Lao/ Arab/ Other / Unknown

School: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Zip Code: _____

Home Phone: _____ **Date Paid:** _____

Work Phone: _____ **Receipt #:** _____

Cell Phone: _____ **Money Order/Credit Card**

Email Address: _____ **Player Weight:** _____

Parent/Guardian Signature

Date

This application serves as permission for release of photos.