

Registration & Medical Form

(Please PRINT information)

D.O.B. ____/____/____

Player's Name _____

Address _____ City _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

Email Address _____

Alternate Emergency name and number:

Name _____ Phone # _____

Medical Profile

Name & dosage of any medications that can or must be taken

Pre-existing or present medical conditions? _____

Any known allergy? (food) _____ (medicines) _____

Hay fever Heart Condition Diabetes Insect Stings

Asthma Frequent Stomach Upsets Physical Handicap

Any major illness during past year Epilepsy/Nervous Disorders

If any of the above is checked, please include routine means of treatment.

Medical Release & Permission

I, do hereby give Covenant United Methodist Church and its representatives permission to administer minor medical attention to me should the need arise.

I also release the said institution of all liabilities.

Signature _____ Date _____

Player Registration Form

Men's Division

Competitive League

Ages: 16 & Up

In order to have the correct size jersey,
Please circle the size you will need.

Adult Sizes:

Small Medium Large X-Large XX-Large

*Registration Deadline: Sunday, May 7

*Practices start in mid-May

*Games will be played on Tuesdays & Thursdays

(Games will begin on Tuesday, May 29)

PLEASE RETURN THIS FORM IN PERSON OR VIA EMAIL TO:

Covenant United Methodist Church

3610 West Main Street

Dothan, AL 36305

Attn: Michael Smith

michael@covenantdothan.org

Forms are available online at

covenantdothan.org/connect/recreation.

Contact Michael at 714-4837 with any questions.

**Please complete this form and provide the
\$50 registration fee in order to be included on a team.**