

CLIFFSIDE PARK RECREATION REGISTRATION FORM

Date: _____

- | | | |
|---------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Summer Rec. | <input type="checkbox"/> Other _____ | |

Name _____

Address _____

Phone # _____

Emergency Phone # _____

Parent's Signature _____

Age _____ Male Female

Date of Birth _____

Height _____

Weight _____

Grade _____

School _____

Did you play last year? _____

What team? _____

Registration Fee: _____

Shirt Size _____

Short Size _____