## Participant Information:



## Participant's Parent/Guardian Information:

By entering information here you are agreeing to receive communication, updates, and scheduling information for this program. (Upward.org/sms-terms)


## Practice Preferences

If applicable, please indicate one night your child CANNOT practice: MON TUE WED THU FRI SAT SUN
Carpool Link (The other participant must list your participant and be in the same age/grade/gender division.):

| Sizing: |  | Evaluations (coaches use only): |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

## Items Purchased:

Office Use Only:
Date:
Note:

