



## Gladiator Sports Summer Tournament Registration Form

### Player Information

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex **M F** Birth Date \_\_\_\_\_  
Last First Circle one MM/DD/YY

Address \_\_\_\_\_  
STREET NUMBER APT # CITY STATE ZIP CODE

Home Phone# \_\_\_\_\_

Team Name \_\_\_\_\_ Uniform Size **M L XL XXL**

Emergency phone Numbers: Contact person \_\_\_\_\_ Phone# \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone# \_\_\_\_\_

EMAIL \_\_\_\_\_

Any Medical or Physical Restrictions? Yes \_\_\_ No \_\_\_ If Yes please note \_\_\_\_\_

**Pledge: As a member of Gladiator Sports Inc. Summer Classic, I promise to respect and obey all rules, respect all staff members and equipment as well as all fellow players of Gladiator Sports Inc. Summer Classic Tournament**

Player's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Agreement

1. I hereby certify that I am the parent, legal guardian or Coach of \_\_\_\_\_ (Player's Name) and I am authorized to execute this Registration Form on his/her behalf.
2. I hereby authorize the staff of Gladiator Sports Inc. to act in my behalf in accordance with their best judgment in case of emergency and to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

Parent / Coach Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ALL REGISTRATION FEES ARE NON-REFUNDABLE**