



### American Cricket Academy & Club (ACAC) 2016 Outdoor Registration Form

Player's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending 16-17 \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Main contact phone number \_\_\_\_\_ Secondary \_\_\_\_\_

Email (primary) \_\_\_\_\_ Email (secondary) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health & General Medical History

If the player should be restricted from any activity, please explain: \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please identify any medical condition or medical history that will/may require special attention  
\_\_\_\_\_

**Please choose your preferred practice location. All practice times will have all levels available.**

Tuesday Love Park 6:00-8:00pm \_\_\_\_\_ Thursday Love Park 6:00-8:00pm \_\_\_\_\_ O'Fallon Sports Park Friday 6:00-8:00 \_\_\_\_\_

**If you would like to volunteer for any part of Academy please check here \_\_\_\_\_ an ACA representative will contact you.**

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-----For office use only-----

Waiver \_\_\_\_\_ Location \_\_\_\_\_ copy of BC \_\_\_\_\_ Level \_\_\_\_\_ Paid cash \_\_\_\_\_ Check # \_\_\_\_\_ ACA initial \_\_\_\_\_