



Registration Form

Parent's/Guardians's Name: _____

Player's Name: _____

Age: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Medical Insurance Co.: _____

Policy #: _____

Emergency Contact: _____

Emergency Number: _____

Camp Number: _____

Session Time: _____

Location: _____

Payment Amount: _____ Check #: _____

Level Played Current Year _____

Mail to:
Scott Bjugstad, Inc.
2874 Lisbon Avenue North
Lake Elmo, MN 55042