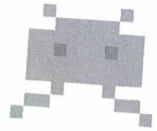


POWER UP

RAISE YOUR GAME



STUDENT'S NAME:

STREET ADDRESS:

CITY: STATE: ZIP:

HOME PHONE:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN EMAIL:

EMERGENCY CONTACT NUMBER:

ALLERGIES OR SPECIAL NEEDS:

GRADE COMPLETED:

SHIRT SIZE
(PLEASE CIRCLE ONE):

- | | |
|-------------------|-------------------|
| Youth Extra Small | Youth Extra Large |
| Youth Small | Adult Small |
| Youth Medium | Adult Medium |
| Youth Large | Adult Large |