



Athlete Registration Form

Athlete's Name: _____

Phone Number: _____

Date of Birth: _____

Age as of January 1st, 2023: _____

USA Card#: (Regular Season) _____

Home Address: _____

Parent / Guardian Name: _____ Phone: _____

Parent / Guardian Email: _____

Parent / Guardian Name: _____ Phone: _____

Parent / Guardian Email: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Preferred Payment Method: (Upfront) _____ (Monthly) _____

Liability Waiver

Team Hammer Academy

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