



## 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 #: \_\_\_\_\_

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