

**Loyola University Maryland Club Sports Program
Participation Registration Form**

Sports Club: _____ **Campus Phone#:** _____ **Cell #:** _____
Club President (name and signature): _____

The team registration form, team membership roster, and participant registration form are due to the Club Sport Director's office by the end of the first week's practice together.

Participant Name: _____

Student ID #: _____

Class Year (circle): Fr. ('13) So. ('12) Jr. ('11) Sr. ('10) Grad.

Major: _____

Local Address: _____

Campus Phone #: _____

Cell Phone #: _____

Date of Birth: _____

Hometown: _____

High School: _____

Parents/Guardians: _____

Home Address: _____

Home and Work Phone #: _____

PERSONAL/INSURANCE INFORMATION

Name of Athlete _____

Medical Insurance Company or Plan _____

Policy # _____

Telephone # _____