

Toms River Renegades Inc. - Registration Form & Parental Consent
(Complete and Return)

Legal Name of Athlete (must match birth certificate)

Last _____ Middle _____ First _____

Address _____

City _____ State _____ Zip Code _____

Birthdate _____ Gender ___ M ___ F

School _____ Grade Level _____

List 3 Jersey #s _____, _____, _____

Parent/ Guardian Name _____

Relationship to Athlete _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Cell _____ Home _____

Email _____

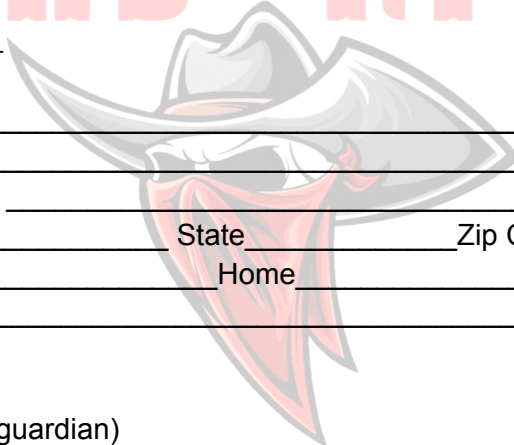
Emergency Contact (not parent/guardian)

Name _____

Relationship to Athlete _____

Cell _____ Home _____ Work _____

TOMS RIVER



RENEGADES

EST. 2023

TOMS RIVER



RENEGADES

EST. 2023