

## CONTACT SHEET

Please fill out with at least contact information for one parent/guardian.

Players Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Player's E-mail: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

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**Checklist, please tick and make sure you have done all the following:**

**SMAC enrollment online \_\_\_ SMAC Waiver \_\_\_ Filled out Medical Release \_\_\_**

**Signed CIPP Enrollment Form \_\_\_ Players Code of Conduct \_\_\_**