



# Master Coach Bob Koch's Summer Academy Registration Form

Player Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Current Academic Grade: \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_

Player Cell #: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

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

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

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Insurance Carrier: \_\_\_\_\_

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

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**Deposit:** Cash \_\_\_\_\_

Check# \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_

Week/Weeks of attendance: \_\_\_\_\_

**Parental Signature of Consent:** \_\_\_\_\_

Who Referred You? \_\_\_\_\_