



2024 Jefferson Jaguars Bantam Training Program Registration Form

Player Name: _____

Last Year's Team: _____ Position: _____

Payer areas of focus: What do they need to improve? _____

T-Shirt Size (Circle) Adult: **Small** **Medium** **Large** **XL**

Home Address: _____

Parents' Names: _____

Primary Email (s): _____

Parent Cell Phones: _____

Player Cell Phone: _____

Health Concerns: _____

In case of injury, I give the staff in charge my permission to seek medical attention:

Signature _____ Date: _____

Please mail your check and this registration form to Coach Elsen as soon as possible. You will receive a confirmation email when we receive your check/form and also will get an email prior to the clinic starting with additional clinic details. If you have any questions please email me at melsen@isd271.org

1981 1989 1992 1993 1994 Go Jags!