



Take Charge Pride

Registration Form

Please complete the form and mail it to:
7610 Pennsylvania Avenue, Suite 205, Forestville, MD 20747

First Name Last Name

Street Address

City State Zip

Home Phone Alternate Phone

Email: _____

Circle One: Male / Female Date of Birth: ____ / ____ / ____

Height: _____ Weight: _____

School Grade: _____ Grade Point Average: _____

Emergency Contact Name

Relationship to Student/Athlete

Emergency Contact Phone