

Sluggers Hitting Zone REGISTRATION FORM

(Please Print)

Today's date:

PLAYER INFORMATION

Player's last name:	First:	Middle:	
Birth date:	Age:	Sex:	
/ /		<input type="checkbox"/> M <input type="checkbox"/> F	

Street address:

Home phone no.: ()

P.O. box: City: State: ZIP Code:

()

INSURANCE INFORMATION

(Please give us your insurance card)

Is this player covered by insurance? Yes No

Please indicate primary insurance

[Insurance]

Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:	Co-payment:
		/ /			\$

Player's relationship to subscriber: Self Child Other

Name of secondary insurance (if applicable): Subscriber's name: Group no.: Policy no.:

Player's relationship to subscriber: Self Child Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to player:	Home phone no.:	Work phone no.:
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The above information is true to the best of my knowledge.

<i>Patient/Guardian signature</i>	<i>Date</i>

Payment Information: Total Due _____

Method of Payment: (Please Circle One) Cash Check