

# WILDCATS OF DENVER



## DENVER POLICE ACTIVITIES LEAGUE

Player's Name:	
Birthday (MM/DD/YYYY): <i>(age as of December 31st 2011)</i>	
Parent/ Guardian Name(s):	
Home Address:	
Home Phone:	
Work/Cell phone:	
Email Address:	
Non-Parent Emergency Contact & Phone #:	

A COPY OF THE PLAYER'S BIRTH CERTIFICATE IS REQUIRED TO LEGALLY VERIFY HER AGE. ONCE SUBMITTED, IT WILL BE AVAILABLE FOR ALL FUTURE YEARS OF PLAYING WILDCAT SOFTBALL.

FEE of \$75.00 SHALL BE PAID IN FULL. ANY QUESTIONS FEEL FREE TO CALL (720) 422-7265

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR INTERNAL USE ONLY:			
Date Paid		Amount Paid	
Birth Certificate on file:	Y N	Division	18U 16U 14U 12U 10U