



HARVEST LANTANA ATHLETICS 2024-2025 FULL TIME REGISTRATION FORM

Athlete's Name (*First, Middle, Last*) _____

Home Address: _____ City _____ Zip _____

Grade: _____ Age: _____ Birthdate (*mo/day/yr*): _____ Sex: M ___ F ___

Athlete's Email: _____ Athlete's Cell #: _____

Father's Name: _____ Father's Cell #: _____

Father's Email: _____

Mother's Name: _____ Mother's Cell #: _____

Mother's Email: _____

Church Name: _____

Sport

- _____ Baseball – JH Boys
- _____ Baseball – Varsity Boys
- _____ Basketball – JH/HS Girls
- _____ Basketball – JH Boys
- _____ Basketball – JV Boys
- _____ Basketball – Varsity Boys
- _____ Cheer – JH/Varsity Girls
- _____ Football – JH Boys
- _____ Football – Varsity Boys
- _____ Golf – JH/Varsity Boys
- _____ Softball – Varsity Girls
- _____ Tennis – Varsity Boys/Girls
- _____ Track – JH Boys/Girls
- _____ Track – Varsity Boys/Girls
- _____ Volleyball – JH/Varsity Girls

I understand by registering my athlete we are committing to the 2024-2025 athletic season.

Athlete Printed Name: _____

Athlete Signature _____ Date _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature _____ Date _____