



Sports Dreams Participant Application

Student Information (Please Print)

Name (First, Middle, Last) _____

Street Address _____

City/State/Zip Code _____

Home Phone _____ Date of Birth _____

School _____ Grade _____

Shoe size _____ T-shirt size _____

Student's Statement of Interest

Please tell us 1) why you would like to participate in the program 2) what you hope to achieve by participating and 3) which sports activities you hope to be involved in. Please use a separate sheet of paper if necessary.

Student's Signature _____ Date _____

Parent(s)/Legal Guardian Information and Permission

By signing this application, I/We give permission for my child to participate in the Girls in the Game program sponsored by Sports Dreams, Inc.

Parent Name(s) _____

Street Address _____

City/State/Zip Code _____

Home Phone _____ Work Phone _____

Signature(s) _____ Date _____

Date _____

By signing above I give permission for our/my child to be filmed and photographed during the course of the Girls in the Game program for the purpose of developing measurements and marketing materials for funds solicitation.

As parents or guardian, would you like to participate in measurement surveys? Yes No