

# TWIN CITIES QUARTERBACK ACADEMY

## REGISTRATION FORM

### PLAYER INFORMATION:

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Football Program \_\_\_\_\_ Grade (as of Fall 2012) \_\_\_\_\_

Number of Years Playing Organized Football (Flag or Contact) \_\_\_\_\_

T-Shirt Size(Circle One) YM(10-12) YL(14-16) AS(36) AM(38-40) AL(42-44) AXL(46-48)

### PARENT INFORMATION:

Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relation to Player \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

PLEASE MAIL THIS FORM WITH \$120 PAYMENT TO:  
**TWIN CITIES QUARTERBACK ACADEMY, LLC.**  
**901 North 3<sup>rd</sup> Street, Unit 512**  
**Minneapolis, MN 55401**