BREC HOUSEHOLD INFORMATION FORM

All participants of BREC Athletics Adult Sports Leagues must fill out the following information. Team Name League ______ Season _____ Participant Name ______ Jersey # _____ Date of Birth _____ Gender ____ Cell Phone Number Work Number Mailing Address _____ City _____ Zip ____ Email Address ____ **Emergency Contact** (other than player) Name ______ Relationship _____ Cell Number _____ Work Number ____ Household Members Name Relationship Age By placing your email below, you are giving permission for BREC staff to send updated camp information, as well as upcoming BREC program in the future.