Date:		



Harvest Lantana Athletics 2025-2026 Full Time Registration Form

Athlete's Name	e (First, Middle, Last)		
Home Address	:	City	Zip
Grade:	Age:	Birthdate (<i>mo/day/yr):</i>	Sex: M F
Athlete's Email	l:	Athlete's Cell #:	
Father's Name:		Father's Cell #:	
		Mother's Cell #:	
Sport			
Baseb Baske Baske Baske Baske Cheer Footb Footb Tenni Track Volley	pall – JH Boys pall – Varsity Boys pall – Varsity Boys ptball – JH/HS Girls ptball – JH Boys ptball – JV Boys ptball – Varsity Boys r – JH/Varsity Girls pall – Varsity Boys pall – Varsity Boys all – Varsity Boys/Girls – JH Boys/Girls – JH Boys/Girls – Varsity Boys/Girls vball – JH/Varsity Gir	ls	
I understand b	y registering my athl	ete we are committing to the 2025-2026 athletic	season.
Athlete Printed	d Name:		
		Da	
		ne:	
Parent/Legal Guardian Signature		Da	ate

Lantana.HCASaints.org

Lantana@HCAsaints.org