

# Basketball Registration

## 2018-2019

Child's Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_

Mother/ Guardian's Name & Phone: \_\_\_\_\_

Father/Guardian's Name & Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Special Requests: We will make every effort to honor your request. However, we cannot make any guarantees. List only 1 night that you are unable to make practice. If you have a preferred Coach or a friend your child would like to play with, we would also attempt to make this possible.

\_\_\_\_\_

\_\_\_\_\_

For Kindergarten-2nd grade—Please circle your child's level  
K-1st or 1st -2nd

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Mother/ Guardian's Name & Phone: \_\_\_\_\_

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