

Basketball Registration

2017-2018

Childs Name _____

Address _____ Zip _____

City: _____

Telephone _____ Age: _____

Email _____ Grade: _____ Sex: _____

Mother's Name / Phone# _____

Father's Name / Phone# _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

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, 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: _____