



# YOUTH SPORTS REGISTRATION FORM

Please circle which program you are registering for.

- Juniors Basketball Clinic: Ages 5-7      Fridays 4:30-5:15PM March 2<sup>nd</sup>-April 20<sup>th</sup>
- Basketball Fundamentals Ages: 8-10      Fridays 5:30-6:15PM March 2<sup>nd</sup>-April 20<sup>th</sup>

**NO PROGRAM GOOD FRIDAY MARCH 30, 2018**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we send you emails about upcoming programs/events?  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Numbers:**

1. Name: \_\_\_\_\_

Relationship to child (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to child (Mom, Dad, Aunt, Brother etc.) \_\_\_\_\_

Phone Number/Numbers: \_\_\_\_\_

**\*Are there any special health concerns? (Example: Allergies)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Spaces are limited return by February 26, 2018**

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

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