



YOUTH SPORTS REGISTRATION FORM

Please circle which program you are registering for.

- Juniors Basketball Clinic: Ages 5-7 Fridays 5-5:45 PM
- Basketball Fundamentals Ages: 8-10 Fridays 6-6:45 PM
- Experienced Ages 11+ Fridays 7-7:45 PM

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 9/28/18

Parent/Guardian Signature: _____

Date: _____