



Youth Basketball League 2012



REGISTRATION FORM

Region will determine your practice location. Please check the practice Region.

| Northern Region | Please Check In Box |
|--|---------------------|
| Northern Shores Recreation Center | |
| Creekside Recreation Center | |
| Southern Region | Please Check In Box |
| Booker T. Washington Recreation Center | |
| Kings Fork Recreation Center | |
| Mack Benn, Jr. Recreation Center | |

Participant Name _____

Age by Nov. 28th _____ Date of Birth _____ Gender (circle one): Male Female

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Grade _____ School _____

Uniform Size

Please Check the Appropriate Box

| Divisions | Youth Small | Youth Med | Youth Large | Adult Small | Adult Med | Adult Large |
|---------------|-------------|-----------|-------------|-------------|-----------|-------------|
| Coed Novice | | | | | | |
| Girls Pee Wee | | | | | | |
| Boys Pee Wee | | | | | | |

| Divisions | Adult Small | Adult Med | Adult Large | Adult X-Large | Adult 2X-Large | Adult 3X-Large |
|--------------|-------------|-----------|-------------|---------------|----------------|----------------|
| Girls Midget | | | | | | |
| Boys Midget | | | | | | |
| Boys Junior | | | | | | |

Has your child ever participated in an organized Basketball League? YES or NO

If so, how long? _____ Years _____ Months

Did your child participate in the same division last year? YES or NO

Parent/Guardian Information

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email: _____

Emergency Contact _____

Relationship to Participant _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email: _____

Please sign below that you have received and read the Parent Information Sheet.

Signature: _____

Please list any medical conditions or allergies your child may have:

REMINDER: Staff or volunteer coaches cannot store or administer medications to participants.

Office Use Only

Please Print

Proof of Age (Birth Cert. #) _____ Birth State/Country _____ Proof of Residence _____

Amount Paid _____ Date Registered _____ Receipt # _____ Staff Name _____