



Youth Basketball Player Information

Full Name

Address

City

Zip Code

Height

Home Phone

Email Address (used by coaches for contact purposes only)

Birth Date

Age as of Jan 1, 2012

Current Grade

If child was in program
last year, what team was
he/she on? _____

PARENT/GUARDIAN INFORMATION

Father/Guardian's Name

Telephone Number (work)

Mother/Guardian's Name

Telephone Number (work)

The success of our program depends on the voluntary contribution of our interested adults.
May we count on you? Please indicate choice below and you will be contacted.

Coach _____

Asst. Coach _____

MEDICAL INFORMATION

Child's Physician

Telephone Number

Address of Physician

Hospital

EMERGENCY MEDICAL TREATMENT FORM

We, the parents of _____ give permission
for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Signature of Parent or Guardian _____ Date _____

Emergency Contact _____ Relationship _____ Phone _____