

**Rec Center Use Only

Basketball

Division**

Team**

Age _____

Grade _____

D.O.B. _____

Shirt Size: Adult/Youth _____

Circle One

Child's Name: _____

Gender _____

Parent/Guardian's Name: _____

Child's Address: _____

Child's Phone# Primary: _____

Secondary: _____

Work: _____

Please list other siblings who will be playing

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

In case of emergency, and parents/guradians cannot be reached (a person you give permission to pick your child up), please contact:

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Medical Information: Please list any medical problems, including allergies: _____

Family Doctor _____

Phone # _____

By signing this Registration/Permission Slip, I am giving my child permission to participate in basketball. I give my permission for a doctor to take the necessary medical steps to aid my child in case of an emergency.

I understand NO REFUNDS will be given, and no credits once season is underway.

Parent/Guardian Signature _____

Print _____

Phone Numbers (if different than above):

Home: _____

Cell: _____

Work: _____

Recreation personnel beyond this point. _____

Date _____

Receipt _____

Initials _____