YOUTH BASKETBALL REGISTRATION
FEE $65.00

Name of Child:_____

Father:_____Mother:_____

Address:_____Zip:_____
Street City State

Phone Number:(home)_____(work)_____(Cell)_____

Age Group: **BOYS** **GIRLS**
8-10_____ 8-10_____
11-12_____ 11-15_____
13-15_____

Estimated skill level of child: Beginner Average Skilled

Age:_____Date of Birth:_____-_____-_____ Birth Cert. Verified by:_____

Height:_____ Weight:_____

If played last year.....Team Name:_____

Coach:_____

*****If you are interested in coaching a team, please **print** your name & phone number and the age group you would like to coach.

Name:_____

Phone #:_____ Boys age group:_____

Girls age group:_____

Requests for particular practice nights or game times cannot be honored. Nights and times are delegated at random.