



BASKETBALL REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Child's Full Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Date of birth _____ Please circle one: Male Female

What school does your child attend? _____ Grade: _____

Please check the spot that best describes your child's basketball skill level:

___ Beginner (never played before)

___ Intermediate (has played league basketball before)

___ Advanced (understands and can perform all skills of the game)

Parent/Legal Guardian's Name: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

Shirt Size: (Please Circle one)

Youth- SM Med L XL

Adult- SM Med L XL 2XL 3XL

Contact in case of Emergency:

Contact #1: Name _____

Phone #1: _____ Phone #2: _____

Contact #2: Name _____

Phone #1: _____ Phone #2: _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY ANYONE EMPLOYED BY HIGH PLAINS HOOPS

Participant's Physician: _____ PHONE #: _____

How did you hear about us? (Please Circle one)

Website Friend Returning Player Other: _____