



# Community - Wide Basketball Registration

**For Office Use Only**

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Select Age Division: ☐ Pee Wee (6-9) ☐ Juniors (10-12) ☐ Seniors (13-15)  
 Email: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian 1 Information

Relationship to Player: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_

### Parent/Guardian 2 Information

Relationship to Player: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_

## Emergency Contact

In an emergency, when parent or guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Agreement

I hereby pledge to have a positive attitude and be responsible for my actions by following this code of ethics: I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice. I will attend every practice and game as reasonably possible and notify my coach if I cannot. I will expect to receive a fair and equal amount of playing time. I will do my very best to listen and learn from my coaches. I will treat my coaches with respect and I expect to be treated the same. I deserve to have fun during my sports experiences and will alert my parents and coaches if it stops being fun. I deserve to play in an alcohol, tobacco and drug free environment and expect adults to respect that wish. I will encourage my parents to be involved with my team because it's important to me. I will do my very best in school. I will remember that sports are an opportunity to learn and have fun.

X

Participant *Signature*

*Date*

X

Parent or Guardian *Signature* (if applicant is under 18)

*Date*

**Before Turning in Your Application Be Sure:**

☐ A photo is attached to this form ☐ A proof of age is attached (birth certificate, School ID, Benefit card)