

Basketball Registration & Evaluation Form



Participant Information:

Last Name First Name MI

Gender Grade Church (If you regularly attend church, which one?)
(21-22 School year)

Date of Birth / / How many years has your child participated in this sport?
Month Day Year

NOTES:

Participant's Parent/Guardian Information:

Father/Guardian

Address City State Zip

Home Ph. Mobile Ph. Email

I would like to assist this league by being a: Coach Referee Assistant Coach

Mother/Guardian

Address City State Zip

Home Ph. Mobile Ph. Email

I would like to assist this league by being a: Coach Referee Assistant Coach

Emergency Contact Email Mobile Ph.

Practice Preferences:

If applicable, check **ONE** night your child **CANNOT** practice: **MON TUE WED THU FRI**

Carpool Link (only same age/grade and gender) (other player must also list your child as their carpool link)

Sizing:

Jersey Size:

YXS YS YM YL YXL/AS
 AM AL AXL A2XL

Shorts Size:

YXS YS YM YL YXL/AS
 AM AL AXL A2XL

Evaluations (coaches use only):

Lane Shooting Defensive Slide

Right-Side Shot Right Hand Dribble

Left-Side Shot Left Hand Dribble

Height (Inches)

Items Purchased:

Office Use Only:

Date: Payment Type: Amount Paid: Note: