

Registration & Evaluation Form



Participant Information:

Last Name First Name

Gender Grade Church
24-25 School Year

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

Notes

Participant's Parent/Guardian Information:

Guardian Relationship Is Primary Emergency Contact?

Address City State Zip

Home Ph. Mobile Ph. Email

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

Guardian Relationship Is Primary Emergency Contact?

Address City State Zip

Home Ph. Mobile Ph. Email

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

Payment Info:

Total Transaction Amount Amount Paid Balance Due

Practice Preferences:

If applicable, check ONE night your child CANNOT practice:

MON

THU

SAT

Sizing:

T-Shirt (YXS,YS,YM,YL,AS,AM,AL,AXL,A2XL)

Size: _____

Reversible Jersey (YXS,YS,YM,YL,AS,AM,AL,AXL,A2XL)

Size: _____

Single-Sided Shorts (Black)

(YXS,YS,YM,YL,AS,AM,AL,AXL,A2XL)

Size: _____

Evaluations (coaches use only):

_____ Lane Shot

_____ Layup

_____ Form Shooting

_____ Defensive Movement

_____ Right Hand Dribble

_____ Left Hand Dribble/3v3

_____ Height - in inches (NOT included in total)