



**Apple Creek School Basketball Registration Form 2013-2014**

Player 1 Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Jersey # \_\_\_\_\_

Player 2 Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Jersey # \_\_\_\_\_

Player 3 Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Jersey # \_\_\_\_\_

Player 4 Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Jersey # \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent(s) Home Phone: \_\_\_\_\_

\_\_\_\_\_

Parent(s) Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

\_\_\_\_\_

Are there any allergies/health issues of which coaches should be made aware? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications (including inhalers) which coaches should be made aware? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in the Apple Creek Basketball program. I understand that basketball can be a physical sport, and that there is a risk of injury to my child while he/she is participating. I release Apple Creek School, the basketball committee and their coaches from any illness or injury that my child may suffer while participating in the program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Program use only:**

\$25.00 Fee (1st Child) Paid: \_\_\_\_\_

\$25.00 Fee (2nd Child) Paid: \_\_\_\_\_

\$15.00 Fee (3rd Child) Paid: \_\_\_\_\_