

CBA BASKETBALL SIGN-UP SHEET

Observation Workout Number

SENIORS

Player Name _____

Street _____

City _____ Zip _____

School _____ Grade _____

Birthdate _____ Age now _____

Height _____ Weight _____

Shirt Size (Circle one) YS YM YL AS AM AL AXL AXXL

Are you playing in any other league this season? _____

Did you play CBA last year? _____ If so, team? _____

Parent/Guardian 1 _____ Email _____ Phone _____

Parent/Guardian 2 _____ Email _____ Phone _____

EMERGENCY CONTACT _____ Phone _____

PRACTICES ARE HELD WEEKNIGHTS BETWEEN 6:00 AND 9:00 p.m. IF YOU ARE UNABLE TO PRACTICE ON CERTAIN NIGHTS, CIRCLE THOSE NIGHTS BELOW.

Monday Tuesday Wednesday Thursday Friday

IT IS AGREED THAT ALL RISK WATCHING AND/OR PARTICIPATING IN CBA ACTIVITIES, INCLUDING, BUT NOT LIMITED TO BODILY INJURY, ARE ASSUMED BY PLAYER AND HIS/HER PARENTS AND/OR LEGAL GUARDIAN AS INDICATED BY THEIR SIGNATURE HERETO.

Parent/Guardian Signature _____ Date _____

Registration Amount Paid \$ _____ CASH CHECK # _____ Rcvd. By _____