



INDIVIDUAL REGISTRATION FORM- SESSION 3

Participant Information (PLEASE PRINT)

Participant

Full Name: _____ Date: _____
Last First M.I.

Birth Date: ____/____/____ Age: ____ Current School: ____ Grade Level: ____

Sessions (circle one): 13 & Under 14 to 16 T Shirt Size (circle one): YS YM YL AS AM AL

Please indicate any medical conditions/issues we should be aware of:

Primary Adult/Legal Guardian Information (PLEASE PRINT)

Parent/Guardian

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: Home: _____ Cell: _____ Email: _____

Disclaimer and Signature

Medical Treatment: In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Photographer: I understand that photographs will be taken during or at sports related events and may be used in the promotion of the sport.

www.bballskillzndrillzpk.com Coach Greg Bodrick at 845-243-7499

Parent/Guardian

Signature: _____ Date: _____

Staff Use Only

Total Fees: _____ Receipt #: _____ T-Shirt Provided: _____

Check #: _____ Cash: _____ PayPal: _____ Staff Initials: _____

CC #: _____

EXP: ____/____ CVC: _____