



## Florida Keys Youth Basketball Registration Form – 2020-21

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age (as of 12/1/20): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip MM

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Height in inches \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Jersey Size (circle): Youth Small Youth Med. Youth Large Youth X Large  
Adult Small Adult Med. Adult Large Adult X Large

Mother's Name:

Mother's Email:

Mother's Phone:

Father's Name:

Father's Email:

Father's Phone:

Circle preferred practice location? NORTH or SOUTH *if available*

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact (besides parents)

Name:

Phone #:

Any Additional Comments: i.e., Requests, Medical Conditions, Interested in Sponsoring a team, etc.

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

\_\_\_\_\_  
Date

### **DO NOT WRITE HERE – OFFICE USE ONLY ONLY**

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Division

\_\_\_\_\_  
Team

\_\_\_\_\_  
Jersey #

\_\_\_\_\_  
Draft Score

\_\_\_\_\_  
Wavier Complete