



2018  
Clinic Participant Information

Age:  Grade:

Player Information			
Last Name:	First Name:	M.I.:	
Address:	City:	St:	Zip:
Telephone: ( ) -			
School:	Grade:		

Athletic Experience	
Number of Years Playing Basketball:	Favorite Position:
Other Sports You Participate in:	
Outside/School Activities (please list):	

Parent/Guardian Information	
<b>Mother</b>	<b>Father</b>
Name:	Name:
Cellular Number:	Cellular Number:
Email Address:	Email Address:

Authorized Parent/Guardian: \_\_\_\_\_ / /