

# 20-21 Basketball Registration & Evaluation Form



## Participant Information:

Last Name ..... First Name ..... MI .....

Gender ..... Grade ..... Church (If you regularly attend church, which one?) .....  
(20-21 School year)

Date of Birth ..... / ..... / ..... How many years has your child played this sport? .....  
Month Day Year

### NOTES:

## Participant's Parent/Guardian Information:

### ■ Father/Guardian .....

Address ..... City ..... State ..... Zip .....

Home Ph. .... Mobile Ph. .... Email .....

I would like to assist this league by being a:  Coach  Referee  Assistant Coach

### ■ Mother/Guardian .....

Address ..... City ..... State ..... Zip .....

Home Ph. .... Mobile Ph. .... Email .....

I would like to assist this league by being a:  Coach  Referee  Assistant Coach

### ■ Emergency Contact .....

Email ..... Mobile Ph. ....

## Practice Preferences:

If applicable, check **ONE** night your child **CANNOT** practice: **MON TUE WED THU FRI**

Carpool Link (only same age/grade and gender) (other player must also list your child as their carpool link) .....

## Sizing:

### ■ Jersey Size:

YXS  YS  YM  YL  AS  
 AM  AL  AXL  A2XL

### ■ Shorts Size (optional):

YXS  YS  YM  YL  AS  
 AM  AL  AXL  A2XL

## Evaluations (coaches use only):

Lane Shooting ..... Defensive Slide .....

Right-Side Shot ..... Right Hand Dribble .....

Left-Side Shot ..... Left Hand Dribble .....

Height (Inches) .....

## Items Purchased:

### Office Use Only:

Date: ..... Payment Type: ..... Amount Paid: ..... Note: .....