

PLAYER REGISTRATION FORM

PLAYER NAME: _____

DOB: _____ AGE: _____ Grade: _____

PARENT/GUARDIAN NAME: _____

CELL# _____

EMERGENCY CONTACT: _____

Relationship: _____

CELL# _____

Is your child allergic to any medication and/or foods? Yes _____ No _____

If yes, please list: _____

Does your child require any special accommodations? If yes, please describe:

REGISTERING FOR (check all that apply):

GROUP SESSIONS

_____ Advanced/Elite: Ages 12-17 (\$141.25/4 sessions)

(Competitive players only!)

_____ Beginner/Intermediate: Ages: 9-14

(\$197.75/8 sessions)

_____ Jr Ballers: Ages 5-8 (\$175/8 sessions)

PRIVATE SESSIONS

_____ Single session(\$113) _____ 4 sessions(\$367.25)

_____ 8 sessions(\$593.25)

Semi Private and Partner Sessions

_____ Partner session: 2 players (\$73.45 per player)

_____ Semi private 3-6 players (\$56.50 per player)

Girls Basketball Clinics: Ages U11, U12, U13

_____ May 10 \$40 per session

_____ May 25 \$40 per session

_____ June 8 \$40 per session

_____ June 22 \$40 per session

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

