

PLAYER REGISTRATION FORM

PLAYER NAME: _____

DOB: _____ AGE: _____ Grade: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ Province: _____

Postal Code: _____

CELL# _____ Work: _____

EMERGENCY CONTACT: _____

Relationship: _____

CELL# _____ WORK # _____

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 (\$125/4 sessions)
(Competitive players only!)

_____ Beginner/Intermediate: Ages: 9-13 (\$175/8 sessions)

_____ Beginner/Intermediate: Ages: 14-17 (\$175/8 sessions)

_____ Jr Ballers: Ages 5-8 (\$150/8 sessions)

PRIVATE SESSIONS

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

_____ 8 sessions(\$593.25) _____ 12 sessions(\$819.25)

Semi Private and Partner Sessions

_____ Partner session(\$73.45 per player)

_____ Semi private(\$56.50 per player)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Payment can only be made via e-transfer (info@goughbasketball.com)

Please note: Both registration and payment must be received in order to register for our programs.