

CBA BASKETBALL SIGN-UP SHEET

Observation Workout Number

# JUNIORS

Player Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Age now \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Shirt Size (Circle one) YS YM YL AS AM AL AXL AXXL

Are you playing in any other league this season? \_\_\_\_\_

Did you play CBA last year? \_\_\_\_\_ If so, team? \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Phone \_\_\_\_\_

**PRACTICES ARE HELD WEEKNIGHTS BETWEEN 6:00 AND 9:00 p.m. IF YOU ARE UNABLE TO PRACTICE ON CERTAIN NIGHTS, CIRCLE THOSE NIGHTS BELOW.**

Monday

Tuesday

Wednesday

Thursday

Friday

**IT IS AGREED THAT ALL RISK WATCHING AND/OR PARTICIPATING IN CBA ACTIVITIES, INCLUDING, BUT NOT LIMITED TO BODILY INJURY, ARE ASSUMED BY PLAYER AND HIS/HER PARENTS AND/OR LEGAL GUARDIAN AS INDICATED BY THEIR SIGNATURE HERETO.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Amount Paid \$ \_\_\_\_\_ CASH CHECK # \_\_\_\_\_ Rcvd. By \_\_\_\_\_