



Player Evaluation Registration  
January 10, 18, 24, and 25

**Child's Information:**

Child's Name		DOB	____/____/____	Age		Grade	
School		# of years playing basketball					

**Parent's Contact Information:**

Mother		Father	
Phone		Phone	
Email		Email	

**Medical History:**

Allergies (type "N/A" if none)	
Medical Conditions (type "N/A" if none)	

**Gym Fee Paid (\$10):**

Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

Payment Information (check box for method). Covers all 4 evaluation dates.

- Cash Collected At Door
- CashApp (\$WARBasketball)
- Debit or Credit



Scan to Pay Online