



# W.A.R. Athletics Basketball Troyouts Registration

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ # of year's playing basketball \_\_\_\_\_

**Medical History**

Allergies \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

**Parents**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Fee ..... \$10.00

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Payment Information**

Cash

Check/Money Order

Payment App    Cash App \_\_\_\_\_ PayPal \_\_\_\_\_