



2019 WINTER BASKETBALL

3rd - 8th GRADE REGISTRATION & INFORMATION FORM

*We do not take coaching/player requests for 3rd – 8th grade teams

CHILD & PARENT INFORMATION:

CHILD NAME: _____ D.O.B: ____ / ____ / ____

Check one for the child: Male _____ Female _____

Height: _____ AGE: _____ **GRADE:** _____

PARENT/GUARDIAN NAMES: _____

(Circle *BEST* phone number)

HOME PHONE: (____) ____ - _____ CELL PHONE 1: (____) ____ - _____

CELL PHONE 2: (____) ____ - _____

E-MAIL _____

(*this is used to relay important team information):

Jersey SIZE: (Please circle one)

Youth S Youth M Youth L Youth XL Adult S Adult M Adult Large

Shorts SIZE: (Please circle one)

Youth S Youth M Youth L Youth XL Adult S Adult M Adult Large

*You will receive the size that is ordered. Please try on samples to ensure proper sizing

- 1) Have you participated in Basketball with BPD before? _____
- 2) Do you have any other Basketball experience? _____
- 3) Please indicate what school your child attends: _____

*Teams will be formed via player draft following player evaluations.

VOLUNTEER COACHES NEEDED!

(Please check one)

_____ Yes, I would like to be a volunteer head coach.

_____ Yes, I would like to be a volunteer assistant coach.

_____ Yes, I have a relative who would like to be a coach. Contact info below.

_____ No, I am not available to coach.

Name: _____ Phone: _____

Email: _____

*Volunteer Head Coaches must let the Athletic Supervisor know if they are requesting a specific Assistant Coach **PRIOR** to the player evaluation and draft.