



YOUTH BASKETBALL REGISTRATION FORM

~ COMPLETE ONE FORM PER CHILD ~

Please email completed form to: info@champsbasketball.com

Player's Name: _____

Player's Age: _____ Incoming Grade: _____

Parent's/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Email: _____

Phone 1: _____ Phone 2: _____

Please circle one

Gender: Male Female

IN CASE OF EMERGENCY

Contact 1

Name: _____

Phone: _____

Relationship: _____

Contact 2

Name: _____

Phone: _____

Relationship: _____

Please email completed form to: info@champsbasketball.com