

TEAM 2FOUR

BABY BASKETBALL PARTICIPANT REGISTRATION FORM (Sign and return)

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

Minor Participant Name: _____ Gender: _____ Age: _____

Birth Date: _____ School _____ Grade (as of 9/2013) _____

List any medications participant will take while participating in this program (*Note: Team 2Four will not be dispensing any medications*):

List any physical conditions that may affect or limit full participation in any of the activities or any special medical conditions (e.g., food allergies, ADHD, asthma, cancer, leukemia, diabetes, heart condition, etc.) that we should be aware of:

List medical devices customarily used, if app. (wheelchair, braces, glasses, contact lenses, hearing aid, etc.):

Emergency Contact:

In case of an emergency, please call: _____ (relationship: _____)

Phone: _____

I have provided all the above information honestly and to the best of my knowledge, and have read and understand the class attendance requirements and disciplinary code and agree to adhere to both at all times.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____