

VILLA PARK GIRLS BASKETBALL

REGISTRATION FORM

Player's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parents Names (Father) _____ (Mother) _____

Father's Cell: (_____) _____ Mother's Cell: (_____) _____

Home Phone: (_____) _____ E-Mail Address _____

I give permission for my contact information to be given to team members: Yes _____ NO _____

Insurance Carrier: _____ Policy #: _____

Primary Policy Holder: _____ ID#: _____

Emergency Contact if Parent/Guardian is unavailable: _____

Relationship to Player: _____ Emergency Phone: (_____) _____

Circle Grade Level that Player will be entering in September: 9th 10th 11th 12th Current GPA _____

Height: _____ ft. _____ in. Weight: _____ lbs. What position do you play: _____?

If you played High School Basketball this year, what level did you play: Frosh/Soph _____ JV _____ V _____

Previous school or Club Team Name (If you don't have one write none): _____

Uniform Order (adult size):

Jersey size: _____ Short size: _____ Jersey Number Desired: # _____ Amount Paid: _____

Summer League Donation \$ _____ Check # _____