

# Liberty Girls Youth Basketball 2009-2010

## ***Player information***

Name: \_\_\_\_\_ Birth date and year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Position: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds Adult shirt size: S M L XL

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_

## ***First Parent/Guardian information***

Name: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## ***Second Parent/Guardian information***

Name: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## ***Emergency contact information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency #: \_\_\_\_\_

## ***Medical information***

Doctor's name: \_\_\_\_\_ Doctor's phone #: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Are you interested in being a team parent? \_\_\_\_\_

Are you interested in coaching? \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Official Use Only

Date Payment Recd: _____	Amount: _____	Check or Cash? _____	Check # _____
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