



# Basketball Sign Up

Player Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade Level \_\_\_\_\_

Height \_\_\_\_\_

Phone Number \_\_\_\_\_

Address:

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Address:

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_



Social Media:

Instagram \_\_\_\_\_

Twitter \_\_\_\_\_

Shirt Size:        S     M     L     XL

Skill Level:        Beginner     Intermediate     Advanced

As the parent/guardian of the applicant, I grant full permission of the applicant to participate in physical activity. I further understand that the participation in this activity can be potentially dangerous and could result in injury. I also grant permission to Chase Community Ventures to use photos capturing the likeness of the applicant in any media.

Parent/Guardian Signature \_\_\_\_\_

Participant Signature \_\_\_\_\_