



## BASKETBALL PLAYER REGISTRATION FORM

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_  
(Month/Day/Year)

**E-mail Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

2005/2006 Registration fees are **\$150.00**. Please make check payable to **St. Mary Coptic Orthodox Church**. All Parents must be willing to volunteer in scheduled turns for monitoring players at the gym facility. All players must have appropriate basketball clothes at time of practice or games. Parents must pick up players from practice at the appropriate times and try not to be late.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Player's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_