

# Basketball Team Registration Form

Team Name: \_\_\_\_\_  
Age Division: \_\_\_\_\_  
Coach Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Player List

Player Name	Date of Birth	Jersey Number	Position

## Medical & Emergency Information

Player 1 Name: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Player: \_\_\_\_\_

Player 2 Name: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Player: \_\_\_\_\_

**Waiver**

**I acknowledge that basketball is a physical sport and agree to accept the risks involved. I confirm that all team members are physically fit.**

**Coach Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_