



**Player Information**

BASKETBALL

CHEERLEADING

NAME:		DOB:
GENDER:	SCHOOL/GRADE:	
ADDRESS: _____ _____		
PHONE: _____	EMAIL: _____	

**Parent/Guardian 1 Information**

NAME:	CELL PHONE:
EMAIL:	

*By giving us your cell provider, you authorizing us to send a text message out to your mobile phone number listed above. Standard text messaging rates apply.*

**Parent/Guardian 2 Information**

NAME:	CELL PHONE:
EMAIL:	

*By giving us your cell provider, you authorizing us to send a text message out to your mobile phone number listed above. Standard text messaging rates apply.*

**Emergency Contact Information**

NAME:	CELL PHONE:
EMAIL:	

**Insurance Company**

SUBSCRIBER ID#:	GROUP:
EFFECTIVE DATE:	

Paid: \_\_\_\_\_