

Upward Youth Basketball Registration 2012

Please Print

Student information

Paid: _____

Student's Name: _____ Date of Birth: _____

Student's Grade: **K** 1st 2nd 3rd 4th 5th 6th 7th 8th

School: _____ Gender: _____ **Boy** _____ **Girl**

Student's Height: _____ Student's Weight: _____

Please circle the correct size uniform for your child

T-Shirt Size:

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large

Adult XL

Adult XXL

Parent willing to coach print name below:

YES, I'm willing to COACH: _____

Parental information

Parent/Guardian's Name: _____

Street Address: _____ City: _____

State: **MI** Zip: _____ Phone: _____

I understand my child will be involved in a sport that injury can happen and I will NOT hold the Millington Youth Basketball program or the organizations hosting the program liable for such injuries.

Parents Signature: _____ Date: _____

.....
To be filled out by coaches

Age Division: _____ **Team Color:** _____

Coach: _____

Student's Name: _____ **Phone:** _____