



Middle School Basketball Registration 2019

Please fill out this form to register your player(s). You are allowed to register multiple players on this form but ONLY IF the additional players are part of the same household and home address.

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number ____-____-____

Player 1

First Name _____ Last Name _____

Birthday: ____/____/____ Height ____ Weight ____ Grade ____ School _____

Player 2

First Name _____ Last Name _____

Birthday: ____/____/____ Height ____ Weight ____ Grade ____ School _____

Player 3

First Name _____ Last Name _____

Birthday: ____/____/____ Height ____ Weight ____ Grade ____ School _____

****Emergency Contact (not in household)**

First Name _____ Last Name _____

Emergency Contact Phone Number ____-____-____

I am registering ____ players and will pay \$45.00* per player registered.

**Please make checks payable to West Bridge Church*

Parent Signature: _____

**** NOTE: Assessments are Saturday, November 2nd @ 8:30am**
at West Bridge Church gym.

OFFICE USE ONLY

Check # _____ Cash _____



WEST BRIDGE CHURCH

I verify that I am the parent of _____ and he is participating in the West Bridge Basketball League. I agree that the church shall not be responsible for any accident or injuries. In the event of an emergency, I hereby give my permission for an adult associated with the league to secure first aid and/or take my child to the nearest medical facility for treatment, and agree to assume all financial obligations associated therewith.

Parent/Guardian or Player

Signature: _____

Date: _____