

# Westport Youth Basketball

Player's Last Name:

Player's name:	
Grade:	<b>Grade 4</b>
Boys/Girls	<b>Girls</b>

Medical conditions:	
Allergies:	
Current medications:	

School Attending:	
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Parent/Guardian #1 Name:	
Home phone:	
Email:	
Cell phone:	
Parent/Guardian #2 Name:	
Home phone:	
Email:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Email:	
Cell phone:	

## Notes:

Please indicate what days you CAN practice and what times. Circle ALL the times that work for your child.

We can make practice on Monday at 5:00 6:00

We can make practice on Tuesday at 5:00 6:00

We can make practice on Wednesday at 5:00 6:00

We can make practice on Thursday at 5:00 6:00

We can make practice on Friday at 5:00 6:00

Parent/Guardian #1 Email Address:

*\*A new Emergency Contacts sheet must be submitted yearly, and every time information changes.*