

Westport Youth Basketball

Player's Last Name:

Player's name:	
Grade:	Grade 5
Boys/Girls	Girls

Medical conditions:	
Allergies:	
Current medications:	

School Attending:	
-------------------	--

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	7:00
We can make practice on	Tuesday at	5:00	6:00	7:00
We can make practice on	Wednesday at	5:00	6:00	7:00
We can make practice on	Thursday at	5:00	6:00	7:00
We can make practice on	Friday at	5:00	6:00	7:00

Parent/Guardian #1 Email Address:

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