

Westport Youth Basketball

Player's Last Name:

Player's name:	
Grade:	Grade 6
Boys/Girls	Girls

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	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.*