

Prospect Heights Park District  
2010-2011 Youth Basketball

Child's First Name/Last Name: \_\_\_\_\_

Parent(s) First/Last Name: \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What is your child's skill level in this sport? (Circle One Below) Please be truthful with your child's skill level to increase the positive experience your child will have in sports.

Beginner      Adv./Beg.      Intermediate      Inter./Adv.      Advanced

How many years has your child played in an organized league? \_\_\_\_\_

**Parents:** Would you like to be a volunteer? Please circle one:      Yes      No

If Yes:

Coach: \_\_\_\_\_

Team Assistant: \_\_\_\_\_

**Uniform Size:** Youth:      YL  
Adult:      AS      AM      AL      AXL      AXXL

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Any medical conditions coach should be aware of: \_\_\_\_\_

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Teams: In order to better balance teams, friendship, team, and coach requests will not be accepted.

Volunteer Coaching: Each team will be allowed to have one head coach and one assistant coach.

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