REGISTRATION FORM

LEAGUE & AGE DIVISIONS: (Check Appropriate Group)

BOYS

☐ Tiny Hot Shots   Ages 4-6
☐ Mini Hot Shots   Ages 7-8
☐ Little Hot Shots   Ages 9-10
☐ Slammers   Ages 11-13
☐ Jammers   Ages 14-15
☐ Rim Rockers   Ages 16-18

GIRLS

☐ Tiny Hoopsters   Ages 4-6
☐ Mini Hoopsters   Ages 7-8
☐ Little Hoopsters   Ages 9-11
☐ Cagers   Ages 12-14
☐ Lady Cagers   Ages 15-17

Participant's Sex: ☐ Male ☐ Female Age: _____ Height: _____ Ability: ☐ Beg. ☐ Inter. ☐ Advanced

Date of Birth: _____

Participant's Name: _____ School: _____

Parent's / Guardian's Name(s): _____

If paying by credit card, please indicate your name and address as they appear on your credit card statement.

Address: _____ City _____ State _____ Zip _____

(H) Phone: _____ (C) Phone: _____ E-mail: _____

Method of Payment: ☐ Check ☐ MasterCard ☐ Visa ☐ American Express

Card No | | | | | | | | | | | | | | | | | Expiration Date | | | | 3 Digit CVC# _____

PRACTICE NIGHT EXCLUSION:

If applicable, please check **ONLY** <u>one</u> night your child **cannot** practice: ☐ MON. ☐ TUE. ☐ WED. ☐ THUR.

PRACTICE IS ONE EVENING PER WEEK:

Monday, Tuesday, Wednesday or Thursday (6:00, 7:00 or 8:00 p.m.)

GAMES: Saturdays beginning at 8:30 a.m.

I am willing to participate as a Volunteer in support of this program:

☐ Coach   ☐ Assistant Coach   ☐ Sponsor a Team   ☐ Other: _____

NOTE: Anyone desiring to be a Volunteer Coach must have a knowledge of the game, attend South Florida Youth Basketball Coaches Clinic, and speak with a league director.

PLEASE CHECK YOUR SHIRT SIZE:

Be sure the size is correct. If incorrect, the cost of a second shirt shall be your responsibility.

Youth: ☐ SMALL   ☐ MEDIUM   ☐ LARGE

Adult: ☐ SMALL   ☐ MEDIUM   ☐ LARGE   ☐ XTRA-LARGE   ☐ XX-LARGE

_____   _____
Parent / Credit Card Holder Signature   Date