DEERFIELD PARK DISTRICT
2016 Youth Basketball Player Information Form

Please turn this form in with the league registration.
Registration will not be accepted after Friday, October 21 at 5:00pm.

The information requested on this form will help the park district put teams together and communicate league information to the parents throughout the season. It is important that all information is complete and legible.

Please Print

Player Name:_____

Street Address:_____

City:_____ Zip code:_____

Player Gender: M or F Height (feet & inches):_____

School Attending:_____ Player Grade:_____

Please circle all nights that your child **can** attend practice: M Tu W Th
(This information is for the entire season, October through February.
Practices will be once a week, for 1 hour and not start earlier than 6:30pm)

Father's Name:_____ Mother's Name:_____

Father's Cell #:_____ Mother's Cell #:_____

Mother's e-mail:_____

Father's e-mail:_____

Please list medical allergies, illness or other conditions:_____

_____

Has your child played basketball on an organized team? Yes or No

Can either parent volunteer as a head or assistant coach?

Name: **Head or Assistant (circle one)**

(A coach application needs to be filled out for both head and assistant coach positions.)