## NC Gaters East Basketball Registration Form

Player Name:	<u>Ye</u>	ar (check one) _	89_	10	11
Player Email:	Player Cell Phon	ne:			
	Parent/Guardian Info	<u>rmation</u>			
Father: Mother:	Phone: Phone:	Email: Email:			- <del>-</del>
Address:	Home Phone State:	ne:	Zip:		
	<b>Emergency Contact Inf</b>				
Name:	Telephone Number	R	elationship_		
	Player Informati	<u>ion</u>			
Date of Birth:					
Shoots: Right	Left Played Bas	ketball Last Seas	son Y	N	
Years Playing Basketball:	Previo	us Team:			_
Height: Weight: _	Shoe Size: S	hirt Size:	_		
Other sports played last year (s	sport name and team level)				
School activities/clubs you are	involved in (not including sports	s)			
Will any of these activities cor	aflict with basketball? If yes, what	at will be your pr	iority, and w	hen is the	e conflict?
Have you had any academic/bo	chavior infractions in the past year	r? Describe			
Do you have any health restric	tions? Describe				
	Waiver of Liability				
noted above sponsored by The NC Gate	our permission for the child noted above as ers East. It is understood that participation i do hereby waive, release, absolve, indemni	n this season may res	ult in injury and p	protective eq	uipment does
Signature(s):	Relationship	):	Date:		