

CROWN POINT PUPS BASKETBALL REGISTRATION FORM

PAID \$.

CK.NO..

Player's Name		Birthdate	
Address		City	
Father's Full Name		Phone	
Mother's Full Name		Phone	
School		Age on June 1,2007	
Grade this Fall	Sex (circle one) M F	Approx. Height	
Shirt Size	(circle one) Youth S Youth M Youth L	AdultS Adult M Adult L Adult XL	
Please circle the following that apply	I wish to volunteer for the above child's team as: Coach Asst. Coach My Name:		
	EMAIL ADDRESS		
My child will be unable to attend practice for Pups Basketball on the following day(s) of the week. Every effort is made to honor requests, but we cannot guarantee that they will be met.	My Major, Senior or Prep Division son is trying out for a school team and may not be able to participate in Pups Basketball. Please hold my check until I notify you of his status. I have included a self-addressed, stamped envelope to return my check. Please check here.	I make the following request (special coach, teammate or practice night) for my Junior Division child: Every effort is made to honor requests, but we cannot guarantee that they will be met.	Does your child intend to play AAU / other Basketball during the Pups season? QYes Q No

II, Inc. nor the

Crown Point Community School Corporation shall be in any way liable for such accident or injury. We also agree to abide by the Crown Point Pups Rules and to behave in a sportsmanlike manner at Pups games which we may attend.

SIGNATURE OF PARENT OR GUARDIAN:

. Date:

FOR LEAGUE USE ONLY	DIVISION	TEAM	NO.
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