

Smoky Mtn Sports Complex Youth Basketball League

Player Registration Form

Player's Name _____ Birth Date _____

Street Address _____ School Attending _____

City _____ Grade Level _____

State _____ Gender (Circle One) Boy or Girl

Zip Code _____

Parent or Guardian's Name _____

Home Phone _____ Cell Phone _____

Work Phone (optional) _____ Email _____

Emergency Contact _____ Phone _____

Did child participate in this league last season? _____

If so what team were they on? _____

Medical Information Please list any medical conditions your child has (asthma, etc) or any medication they are taking.

If none please write NONE. _____

Playing Experience: Please list any prior sports experience your child has actively participated in.

(Example: played tee ball, on school basketball team for 2 seasons, etc...)
