

Trinity Catholic Academy Basketball Clinic and League Sign-up Sheet

Player's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Telephone Number: Home: () - Cell: () - Other: () -

Medical Conditions (Please include all allergies and medications.) _____

Emergency Information:

Name: _____ Relationship to Player: _____

Telephone Number: Home () - Cell: () - Other: () -

Parent/Guardian Signature: _____ Date: _____

Remember, the fee is due with the registration form.

Payment Received: Amount _____ Check _____ Money Order _____ Cash _____

Volunteer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home: () - Cell: () - Other: () -

Do you have a child in the basketball program at Trinity? _____ Child's Name: _____

I would like to volunteer to help with the Trinity Basketball Clinics and League.

I will be available: _____ in the morning _____ in the afternoon _____ all day

Comments: _____

Signature: _____ Date: _____