



MIAMI BASKETBALL YOUTH BASKETBALL REGISTRATION

Players Information:

Player Name: _____ Present School: _____
Address: _____ City: _____ Zip: _____
Insurance Co.: _____ Policy #: _____ *** (Required for each player)
Date of Birth: _____ Age: _____ ***Childs Age on August 31, 2012***

Divisions: (U7) (U9) (U11) (U13) (U16)
Uniform Size: (circle): YS YM YL AS AM AL AXL (Sizes run small)
Sport: Fall 2012 Youth Basketball Team Name: _____

Parents/Guardian Information:

Father's Name: _____ Email Address: _____
Phone (H) _____ (W) _____ (C) _____
Mother's Name: _____ Email Address: _____
Phone (H) _____ (W) _____ (C) _____

Parents are you willing to volunteer as a: Coach: Asst Coach: Team parent: Team Sponsor:

Parent's Signature: _____

By signing this form, you consent to allow your Childs picture to be posted on our web site, Facebook page and newsletter.

Registration Fees:

Youth Basketball	\$225
Coaches	\$125

Contact Information:

Andre Daniels: Cell #: 786-205-5198 Email: andre@miamibasketball.net
Eddie Vidal: Cell#: 305-439-9240 Email: eddie_vidal@yahoo.com

Office Use: Method of Payment: Date: _____ Check # _____ Amount: \$ _____
Cash Credit Card