



PLAYER REGISTRATION FORM - 8TH GRADE

2009-10

LEMONT PARK DISTRICT BASKETBALL LEAGUE

CIRCLE ONE

NAME _____ MALE FEMALE

AGE: _____ DATE OF BIRTH _____

SCHOOL _____

PARENT'S NAME _____

HOME PHONE # () _____ CELL # () _____

EMERGENCY PHONE # _____

EMERGENCY PHONE # _____

E-MAIL _____

PREVIOUS EXPERIENCE _____

COMMENTS (LIST ANY CONFLICTS) _____

ANYTHING ELSE YOU'D LIKE TO TELL ABOUT YOURSELF

UNIFORM SIZE: _____ (Youth S, M, L; **Adult** S, M, L, XL)
(includes top and shorts) (e.g. Y M = youth medium; AM = adult medium)
(No different size for top & bottom)

UNIFORM

Requested _____
1st choice _____ 2nd choice _____ 3rd choice _____

RETURN THIS ENTIRE PACKET TO THE LEMONT PARK DISTRICT

Parent/Guardian Signature

Supervisor/Employee's Signature

Date