

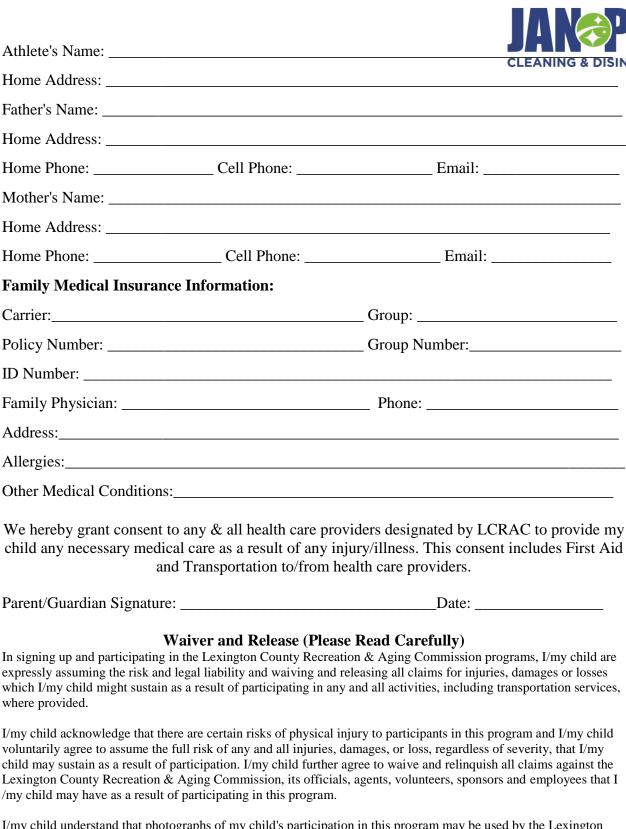
YOUTH BASKETBALL REGISTRATION FEE \$50.00



Name of Child	:			
Father:	Mother:			
Address:				Z ip:
	Street	City	State	- •
Phone Number	:(home)	_(work)	Cell	
Email:				
Jersey Size:	Youth:		Adult	·:
	Small		Small	X-large
	Medium		Medium	
	Large		Large	
Age Groups:	Boys		Girls:	
	4-6 year olds		4-6 year olds_	
	7-8 year olds		7-8 year olds_	
	9-10 year olds_		9-10 year olds_	
	11-12 year olds	<u> </u>	11-12 year old	s
	13-15 year olds		13-15 year old	s
Estimated skill	l level of child:	☐ Beginner	□ Average	☐Skilled
Age:Dat	te of Birth:	·		
	rified by:			
Height:		Weigh	†:	_
If played last	yearTeam	١		
Name:				
				
*****If you d	are interested in co	oaching a team	, please <u>print</u> your	name &
phone number	and the age group	you would like	to coach.	
Name:				
Phone #:		_	Boys age group:	
			Girls age group:	

Requests for particular practice nights or teams <u>cannot</u> be honored.

Palmetto Health USC ORTHOPEDIC CENTER



I/my child understand that photographs of my child's participation in this program may be used by the Lexington County Recreation & Aging Commission to promote its events and facilities. I/my child understand these photos may be taken without my receiving compensation and without my granting additional approval.

Parent. Guardian Signature:______ Date: _____

