

HOLY TRINITY BASKETBALL REGISTRATION FORM

775 MAIN STREET

POUGHKEEPSIE, NEW YORK 12603

NAME OF CHILD \_\_\_\_\_ GENDER M F GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL (MANDATORY) \_\_\_\_\_

E-MAIL ADDRESS (MANDATORY) \_\_\_\_\_

SCHOOL \_\_\_\_\_ CATHOLIC YES NO PARISH \_\_\_\_\_

CHILDS DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

PARENT/GUARDIAN INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_

\*\*\*PLEASE BE ADVISED ALL REGISTRATION FEES ARE NONREFUNDABLE EXCEPT IF THERE AREN'T ENOUGH PLAYERS TO FIELD A TEAM OR LEAGUE.

PHOTO AUTHORIZATION

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Print Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of Parent or Guardian \_\_\_\_\_