



YMCA of Greensboro – Sports Registration Form

Sport Registering For: Winter Basketball

PLAYER INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____ Age: _____ Age Group: _____ Gender: _____

Address: _____ City: _____ State: ___ Zip: _____

T-Shirt Size YS YM YL AS AM AL AXL Number of Seasons Play in this Sport: _____

PARENT/GUARDIAN INFORMATION

Guardian #1 (Person who will be contacted for any cancellations or important updates)

Name: _____ Relationship: _____

Cell Phone Number: _____ Phone Carrier: _____

Email: _____

Guardian #2 Name: _____ Relationship: _____

Cell Phone Number: _____ Phone Carrier: _____

Email: _____

AS A PARENT I WOULD LIKE TO (Circle one):

Coach (Shirt Size: _____) Asst. Coach Team Parent Sponsor a Team (\$250 – Tax Deductible)

REQUESTS: (Not all requests can be filled. Certain age groups cannot honor requests.)

Coach Request: _____ Night You CANNOT Practice: M T W Th F

Sibling Request (one choice only): _____ 1st Priority: Coach Sibling Night

Parent/Guardian Signature: _____ Date: _____