

COLLEGE PREP ACADEMY BASKETBALL REGISTRATION FORM

PLAYER INFORMATION

Player Name

First

Last

MI

Address

City

State

Zip

Email

Age

D.O.B.

/ /

Gender

Male

Female

School

Current Grade

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

Phone #1

Phone #2

PARENT/LEGAL GUARDIAN INFORMATION

Mother's Name

First

Last

MI

Address

City

State

Zip

Email

Phone #1

Phone #2

Father's Name

First

Last

MI

Address

City

State

Zip

Email

Phone #1

Phone #2

EMERGENCY CONTACT(S)

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

MEDICAL INFORMATION

List Medical Condition(s)
(i.e. asthma, etc.)

List Allergies

Medications & Dosage

Parent Signature: _____

Date: _____