

**ALL FIELDS
must be completed.**

2017 La Feria Youth Basketball League Registration



PLEASE PRINT CLEARLY

Player's Name: _____
PLEASE PRINT CLEARLY

Gender: Male Female

Birthdate: _____ GRADE: K 1 2 3 4 5 6
Month Day Year **Please Circle One**

SCHOOL: _____

T-Shirt SIZE: YXS YS YM YL YXL AS AM AL AXL

Parent/
Guardian _____
PLEASE PRINT CLEARLY

Parents Email: _____

Physical
Address: _____

City: _____ Zip: _____

Phone: () - _____ () - _____

Returning :
(from 2016) Yes No

Team or Coach

Are there siblings
in the same
division? Yes No

Siblings in Division

Parent
Coaching: Yes No

Date of Registration: _____
Month Day Year

