



JUNIOR BASKETBALL REGISTRATION FORM

Students Name:	DOB:
Parent/Guardian/ Emergency Contact Details	
Name:	Address:
Phone:	Email:
Signature:	
Any medical conditions/information we need to know about? (Allergies, injuries)	

Cost: \$100 term upfront
Active Kids Vouchers Accepted

**LEARN TO PLAY BASKETBALL SKILLS AND
GAMES**
WEDNESDAY 5PM-5:50PM

Date:

Paid: Cash / Card / AKV

Staff: