

SASKATOON MINOR BASKETBALL ASSOCIATION PLAYER REGISTRATION

PLEASE PRINT

Player's Name: _____

Birthdate: Month/Day/Year _____ Male _____ Female _____

Email Address: _____

Street Address: _____

Postal Code: _____ Phone Number: _____

Home Community Association: _____

School Attending: _____ Grade: _____

Parent/Guardian(s) _____

Email: _____

Phone: _____

Address (if different from child) _____

Division:

\$ ___ Spuds (Coed) (Grade 3/4)

\$ ___ Mini (Boys) Mini (Girls) (Grade 5/6)

\$ ___ Bantam (Boys) Bantam (Girls) (Grade 7/8)

\$ ___ Midget (Boys) Midget (Girls) Grade 9 and Grade 10

\$ ___ Juvenile (Boys) Juvenile (Girls) Grade 11 and Grade 12

How many years of basketball experience does your child have? _____

Other comments (i.e. previous team/coach and division, health concerns, etc.):

We are in need of Coaches. Would you be willing to coach or help coach?

YES _____ NO _____

Parent Signature: _____