

St. Johns Junior RedWings Basketball
Player's Personal Information

Student's Name: _____ M / F Age: _____ Grade _____

Address: _____

Phone Number: _____ Alternate Ph. No. _____

Email Address: _____

Mother's Name: _____ Phone Number: _____

Address: _____
(If different from _____
Child's address)

Father's Name: _____ Phone Number: _____

Address: _____
(If different from _____
Child's address)

Medical Information:

Doctor's Name: _____ Phone Number _____

Insurance: _____ Policy Number _____

Interested in coaching (Circle One) Yes No

If interested in coaching, contact: _____

Parent Signature: _____ Date: _____

For Association Use:

Payment information: Ck # _____ Cash