

Central Coast Boys Basketball Cup
Registration Form

Full Name: _____

Address: _____
Street City State Zip

Parent Name _____

Home Phone: () _____ Work Phone: () _____

School: _____ Grade Level 008009 _____

Date of Birth: ____/____/____
MDD Year

Size: ~~Small~~ M L Adult S M L XL Please circle one.

Does the child have any medical health problems? Central Coast Staff will have 67 days
to inform

If the parent is reached in an emergency by
NEM Phone _____

The parent has read the rules of this league and agrees to abide by them/
and will be held responsible for any injuries sustained.

The parent is responsible for providing the participant with the appropriate
equipment.

The parent is responsible for providing the participant with appropriate liability
insurance coverage for the participant while participating in the league.

Parent Signature _____ Date _____

Please check box if applicable: Central Coast Big Red Redwood City Redwood

Sincerely,
Chris Bars
Head Coach