

Colorado Basketball Club



MEMBERSHIP APPLICATION

PLAYER INFORMATION

PLAYER'S NAME _____ GRADUATION YEAR _____
HIGH SCHOOL _____ BIRTH DATE _____
(ATTENDING OR WILL ATTEND)
PLAYER'S CELL PHONE _____ PLAYER'S E-MAIL _____
UNIFORM SIZE: **Jersey:** S M L XL **Short:** S M L XL **Practice Jersey:** S M L XL
SHOE SIZE (mens) _____ (womens) _____ HEIGHT _____ WEIGHT _____
PREFERRED JERSEY NUMBER: (TOP 3 CHOICES IN ORDER) # _____ # _____ # _____
KNOWN MEDICAL CONDITIONS: _____

CONTACT INFORMATION

STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PRIMARY E-MAIL FOR DISTRIBUTION LIST AND COMMUNICATION _____
MOTHER.GUARDIAN _____ HOME PHONE # _____
E-MAIL: _____ CELL PHONE# _____
FATHER.GUARDIAN _____ HOME PHONE# _____
E-MAIL _____ CELL PHONE# _____

EMERGENCY CONTACT

NAME OF RELATIVE NOT LIVING WITH YOU: _____
EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
ADDRESS: _____ CITY _____ ST _____ ZIP _____
HOME PHONE # _____ CELL PHONE# _____

LEGAL TRAVEL NAME –MUST MATCH GOVERNMENT ID

PLAYER'S LEGAL NAME _____
(If different than above)

PARENT/GUARDIAN SIGNATURE: _____ Date _____

Please provide a copy of the players Birth Certificate with this Information Sheet