

DA' SHIFT

OUTREACH FOR YOUTH

2011 Player Registration Form

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Contact Email: _____

Date of Birth (Month/Day/Year): ____/____/____ Age: _____

Gender: Male Female Junior League (7-12): Senior League (13-22)

Church/Organization Name: _____

Parent/Guardian

First Name: _____ Last Name: _____

Relationship to Registrant: _____ Contact Number: _____

Alternate Number: _____

Emergency Contact: _____ Contact Number: _____

Medical Information

Health Card: _____

Physicians Name: _____

Address: _____ City: _____

Phone Number: _____

Chronic Health Conditions: _____

Current Medications: _____

Registration Fee is \$50/player which includes (Admin. Costs, Team Shirt, ID Card, Award Banquet Seat). Acceptable forms of payment are cash and cheques (*make cheques payable to Da' SHIFT Outreach For Youth*). Please note "Basketball League Registration" on the memo line. Submit Registration to your Church/Organization Contact.

Individual Registration (not registering with a church or organization, please mail form and checks directly to:

P.O. Box #68635
Brampton, ON
L6R 0J8

Amount Enclosed: _____

Participants Signature: _____

Parent/Guardian: _____

Date: _____

For Office Use Only

Date Received: _____

Amount Paid: \$ _____

Check # _____