



**Palos Verdes Basketball Association
Challengers Basketball Registration 2018-2019 Season**

PLAYER INFORMATION

First Name	Birth Date
Middle Name	Age on 12/8/2018
Last Name	Height
Gender	Weight
Basketball or Cheer	Tee Shirt Size

PARNT / GUARDIAN INFORMATION

Guardian A

First Name	
Last Name	
Address	
Address	
City	
State	
Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email	

Guardian B

First Name	
Last Name	
Address	
Address	
City	
State	
Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email	

ALTERNATIVE EMERGENCY CONTACT

First Name	
Last Name	
Call Phone	
Alt Phone	
Email	
Relationship to Player:	

MEDICAL INFORMATION

Insurance provider	
Insurance phone	
Policy Number	
Policy Holder's Name	

Doctor's name	
Doctor's phone	
Hospital	
Hospital phone	

Sensitivities / Allergies	
Disability / Diagnosis	
Ambulation & Balance	
Medical Precautions	
Expressive Language	
Receptive Language	

Please provide any additional medical notes if necessary:

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