

## 2019 Basketball



## **REGISTRATION**

NAME:	DATE C	OF BIRTH:	AGE:	
ADDRESS:	•	ATHLETE		
CITY:		STATE:	ZIP:	
PHONE:	EMAIL:			
PARENTS/GUARDIAN:				
SHIRT:SMLXL2X3X4X5X SHORTS:SMLXL2X3X4X5X		Men's Basketball5ON53ON3 Women's 5ON5 Basketball Basketball Skills		
BASKETBALL SKILLS:	MEN'S BASKETBALL SECTIONAL:	WOM	EN'S BASKETBALL:	
DATE(S): LOCATION: Triton Central High, Fairland REGISTRATION FEE: \$10.00* *Paid by the Delegation, unless not attended. See Below.	DATE(S): LOCATION: Triton Central High, Fairland REGISTRATION FEE: \$70.00* *Paid by the Delegation, unless not attended. See Below.	DATE(S LOCAT REGIST	DATE(S): LOCATION: DePauw University REGISTRATION FEE: \$70.00* *Paid by the Delegation, unless not attended. See Below.	
MEN'S FINALS DATE(S): LOCATION: Ben Davis High School				
BY SIGNING BELOW, the athlete and/or parent practices and Area/State competition(s). The athemust be attended in order to be registered for the athlete will be invoiced for the competition regist sports programs. Acceptable reasons for missing must be contacted prior to missing practice/competition.	hlete and/or parent guardian understand that se be competition. It is also understood that if the a tration fee(s) and will be required to reimburse t ing competition are season-ending injury, death	eventy-five percent (75 thlete fails to attend the the Delegation prior to in family, work, or me	5%) of practices prior to competition he Area/State competition(s) that the his/her participation in any future edical w/physician's note. The coach	
Athlete's Signature			Date	
Parent/Guardian's Signature			Date	