

## Permission and Registration Form

Player name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the LPC youth basketball program.

In case of medical emergency, I give permission for my child to receive treatment. I understand that every effort will be made to contact me.

\_\_\_\_\_ signature of parent or guardian  
Date \_\_\_\_\_

Emergency information:

**Primary contact:**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to player \_\_\_\_\_

**Secondary Contact:**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to player \_\_\_\_\_

**Insurance information:**

Insurance company \_\_\_\_\_

I.D. number \_\_\_\_\_

Please list any medications, allergies, medical conditions, or other information we should be aware of:

**T-shirt order:**

S  M  L  XL  (only adult sizes available)

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