

Permission and Registration Form
(please register by June 12th)

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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