



Player Information Sheet

The following information will be used for registration and communication purposes.
Please fill in all blanks to the best of your knowledge. PRINT legibly.

PLEASE PRINT LEGIBLY

Player's Name: _____ Current Age: _____

Height: _____ If known: Wing Span: _____ Vertical: _____

Player's DOB: Day: _____ Month: _____ Year: _____

Address: _____ City & Zip: _____

Cell Number: _____ Email Address: _____

Name of School: _____ () Middle-School () High-School

Grade: _____ GPA: _____ Position: _____

Graduation Year from High School: _____

Jersey/Shirt Size: _____ Short Size: _____ Shoe: W _____ M _____

Parent/Guardian Name: _____

Phone Number: Hm: _____ Cell: _____

Email Address: _____

I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with any event attended by or hosted by the SYE Basketball Team should the parent/guardian not be present.

parent/guardian signature

Date