

# Dracut Travel Basketball Registration Form

FIRST NAME: \_\_\_\_\_ LAST: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Are there any medical issues we should be aware of: \_\_\_\_\_ NO \_\_\_\_\_ YES,  
explain \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_  
\_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL

Are we allowed to publish photos of your child? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of person making payment: \_\_\_\_\_

## League for Recreation Basketball

_____ Clinic	Grades 2,3,4	\$75.00
_____ Junior	Grades 5,6	\$100.00
_____ Senior	Grades 7,8	\$100.00

If not placed on a travel team, do you want to be placed on a recreation team? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

### Office Use Only

Travel: \_\_\_\_\_  
Rec: \_\_\_\_\_  
Refund: \_\_\_\_\_

Date Check Returned: \_\_\_\_\_