



PLAYER INFORMATION FORM

(BY COMPLETING THIS FORM, YOU ARE ONLY PROVIDING THE SPARTANS WITH GENERAL INFORMATION ON YOUR CHILD -- PLEASE PRINT LEGIBLY)

Today's Date _____ Player's Name _____

School _____ Grade _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Player Cell # _____

Player Email _____

Any prior basketball team experience? Yes / No Any AAU experience? Yes / No
Circle one Circle one

If so, what team(s)? _____

How many years of basketball experience? _____ Years of AAU experience? _____

What position(s) have they played? _____

Does the player have any serious health concerns/allergies and/or take prescription medications? Yes _____ No _____

If yes, please explain: _____

Player's Shorts size: _____ Jersey size: _____ Shoe size: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent(s) Name _____

Parent(s) Home # _____

Parent(s) Cell # _____

Parent(s) Email _____