

2018-2019 CARLISLE YOUTH BASKETBALL LEAGUE

Player's Name: _____

School: _____ Grade: _____

Parent/Guardian Name(s): _____

Phone Number (Parent/Guardian): _____

Email Address (Parent/Guardian): _____

(PLEASE NOTE: T-Shirts are ADULT SIZES)

T-Shirt Size (adult sizes): S _____ M _____ L _____ XL _____

Preferred method of contact: Text _____ Email _____ Phone call _____

Any parental interest in volunteering to help coach? Yes or No

****** We understand that our son is not covered by school insurance if an injury requiring medical treatment were to occur. We agree to use our own insurance or otherwise make payment for any medical treatment that is necessary. ******

Signature: _____ Date: _____

Make \$55 check payable to "Carlisle Boys Basketball Boosters" and mail to:

Carlisle Boys Basketball Boosters
264 Pine Creek Drive
Carlisle PA 17013