

STUDENT REGISTRATION & EMERGENCY CONTACT FORM 2022-23 SEASON

Student Name: _____

Parent(s) Name: _____

Student Age: _____ DOB: _____ Grade in school: _____

Student's School _____ Student's Favorite Number _____

Student's T-shirt size (circle one):

youth small youth MED youth LG youth XL
Adult SM Adult MED Adult LG Adult XL Adult XXL

Briefly describe student's experience playing basketball (both organized and unorga-
nized) _____

Home
Address: _____

Parent(s) Phone #s: _____ Parent(s) email: _____

Emergency Contact Name & Phone #: _____

Medical Insurance Company Name: _____ Policy # _____

Is there any special medical situation that the FireHeart Staff should be made aware of
(asthma, allergies, prior surgeries, conditions, etc)?

Any other notes or information about student that will help the FireHeart staff best teach
your child?

PAYMENT MAY BE SENT USING ANY OF THE FOLLOWING METHODS:

Personal Check each month Bank Transfer via Zelle

Money Order Cashier's Check

*Make all checks payable to: FIREHEART Basketball, Inc. or send payment via email electronic transfer to:
fireheartbasketball@gmail.com