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PLAYER REGISTRATION FORM

PLEASE PRINT

Today's Date _____



Full Name _____ "Nickname" _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate and/or Cell Phone _____

Email _____ Date of Birth _____

High School _____ Years _____ College (if any) _____ Years _____

Do you drive? ___ YES ___ NO

Do you have a car? ___ Yes ___ No

Can you Travel? ___ LOCAL ___ REGIONAL

Your Personal Basketball Highlights:

___ I am happy to provide a copy of my State ID, Drivers License, or Birth Certificate for proof of birth date.

___ I have enclosed my doctor's permission to play

___ I have received, read and agree to abide by all
Rules, Regulations and Liability Agreements

Signature

___ I have enclosed my check for Annual Dues of \$50.00.
Please make check payable: Grand Allstar Leagues