

**DEERFIELD PARK DISTRICT  
Youth Basketball Player Information Form**

Please turn this form in with the league registration.

The information requested on this form will help the park district put teams together and communicate league information to the parents throughout the season. These forms will also serve as emergency information for the coaches during practices. It is important that all information is complete and legible.

**Please Print**

Player Name: \_\_\_\_\_

Player Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip code: \_\_\_\_\_

Player Gender: M or F      Height (feet & inches): \_\_\_\_\_

School Attending: \_\_\_\_\_      Player Grade: \_\_\_\_\_

Please circle all nights that your child **can** attend practice: M Tu W Th F  
(practices will not start earlier than 6:00pm)

Father's Name: \_\_\_\_\_      Mother's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_      Mother's Cell #: \_\_\_\_\_

Father's e-mail: \_\_\_\_\_      Mother's e-mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_      Alternate Phone: \_\_\_\_\_

Please list medical allergies, illness or other conditions: \_\_\_\_\_

Has your child played basketball on an organized team? Yes or No

**Can either parent volunteer as a head or assistant coach?**

**Name:** \_\_\_\_\_      **Head or Assistant (circle one)**  
(A coach application needs to be filled out as well.)