



**Palos Verdes Basketball Association  
 Challengers Basketball Registration 2019-2020 Season**

**PLAYER INFORMATION**

First Name	Birth Date
Middle Name	Age on 12/8/2018
Last Name	Height
Gender	Weight
Basketball or Cheer	Tee Shirt Size

**PARNT / GUARDIAN INFORMATION**

**Guardian A**

First Name	
Last Name	
Address	
Address	
City	
State	
Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email	

**Guardian B**

First Name	
Last Name	
Address	
Address	
City	
State	
Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email	

**ALTERNATIVE EMERGENCY CONTACT**

First Name	
Last Name	
Call Phone	
Alt Phone	
Email	
Relationship to Player:	

**MEDICAL INFORMATION**

Insurance provider	
Insurance phone	
Policy Number	
Policy Holder's Name	

Doctor's name	
Doctor's phone	
Hospital	
Hospital phone	

Sensitivities / Allergies	
Disability / Diagnosis	
Ambulation & Balance	
Medical Precautions	
Expressive Language	
Receptive Language	

Please provide any additional medical notes if necessary:
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