

ALANA BEARD'S FUTURE

ALANA BEARD'S FUTURE MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Basketball Position: PG 2G SF F C <i>(Please circle)</i>	Height:	Weight:
Jersey Number Preference:		
Uniform Size (Adult): Jersey:	Shorts:	Shoe Size:

SCHOOL INFORMATION

Current School:		
School address:		Grade:
City:	State:	ZIP Code:
Current GPA:		

MOTHER'S CONTACT INFORMATION

Mother Name:		
Address:		Home Phone:
City:	State:	ZIP Code:
Email Address:	Cell Phone:	Work Number:

FATHER'S CONTACT INFORMATION

Father Name:		
Address:		Home Phone:
City:	State:	ZIP Code:
Email Address:	Cell Phone:	Work Number:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:		
Contact's address:		Relationship:
Phone:	E-mail:	
City:	State:	ZIP Code:

HEALTH INSURANCE INFORMATION

Insurance Company:	Policy#:
Doctor's Name:	Doctor's Number:

SIGNATURES

I authorize my daughter _____ to participate as a member of The Alana Beard's Future Basketball Team. I also verify that the information provided on this form is valid.

Signature of Parent:	Date:
Signature of Parent:	Date: