

Portland OIC Friday Night Youth Basketball Program
Participant Registration Form

Contact Information

Participant Name

Phone

Email

Address

Parent/Guardian Name (1)

Work Phone

Email

Cell Phone

Does this parent/guardian live with you? Yes No

Parent/Guardian Name (2)

Work Phone

Email

Cell Phone

Does this parent/guardian live with you? Yes No

Emergency Contact: _____

Contact Name

Phone

Primary Physician's Name

Phone

Participant Information

____/____/____
Date of Birth

Circle: Male Female

Circle Race/Ethnicity: African American

White

Asian/Pacific Islander

Native American

Other

____th

Grade

Current School

Please describe any medical alerts or issues: _____

Please list any allergies: _____

Have you played basketball before? Please describe your basketball experience: _____

What do you hope to get out of participating in the Friday Night Basketball Program: _____

