



# BLOCK CLUB BASKETBALL 2009

**PARTICIPANT REGISTRATION**  
**Registration Deadline June 10, 2009**

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: NY ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

BLOCK CLUB \_\_\_\_\_ COACH \_\_\_\_\_

CHURCH \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

WHAT SPORTS OR OTHER ACTIVITIES ARE YOU INVOLVED IN AT SCHOOL OR CHURCH? \_\_\_\_\_

DOES YOUR CHILD HAVE A HISTORY OF ANY THE FOLLOWING?

ASTHMA  EPILEPSY  DIABETES  HEART PROBLEMS  
 FOOD ALLERGIES  PENICILLIN ALLERGIES OR OTHER MEDICATION  
 OTHER \_\_\_\_\_

DOES YOUR CHILD WEAR GLASSES Y/N \_\_\_\_\_

MY CHILD HAS PERMISSION TO PARTICIPATE IN ALL BLOCK CLUB BASKETBALL ACTIVITIES. I GIVE URBAN CHRISTIAN MINISTRIES PERMISSION TO SEEK EMERGENCY MEDICAL TREATMENT IF I CAN NOT BE REACHED.

\_\_\_\_\_  
[PRINT PARENT/GUARDIAN NAME]

\_\_\_\_\_  
[PARENT/GUARDIAN SIGNATURE]

\_\_\_\_\_  
[PHONE # ]

\_\_\_\_\_  
[ALTERNATE # ]

\_\_\_\_\_  
[EMERGENCY # ]

\_\_\_\_\_  
[DATE]