

Western Iowa Express Basketball

Player Information Form

Player:

Name: _____
Address: _____
City, State, Zip: _____
Your Cell phone _____
Home Phone _____
Date of Birth & Age: _____
E-Mail Address _____
School & Grade _____

Parent (s) Primary Contact

Name _____
Address _____
City, State, Zip _____
Home Phone _____ work _____
Cell number _____
E-mail address _____
Fax number: _____

Alternate Contact Person

Name _____
Address _____
City, State, Zip _____
Home Phone _____ work _____
Cell number: _____
E-mail address: _____
Fax Number _____
Additional contact _____

Medical conditions _____
Eye Glasses or contacts _____

To the best of my knowledge I am able to play basketball with the associated conditioning at a high level of physical exertion.

Player Signature

Parent Signature

