



Lil' Dreamers Registration Form

Player's Name: _____

Age: _____ Date of Birth: ____/____/____ Sex: M F

Grade: _____ School: _____

Home Phone: _____ Jersey Size: YS YM YL AS AM

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact Information

Name: _____ Phone: _____

Parent Release: I hereby certify my child is in normal health and capable of participating safely in the Hoop Dreams Basketball Program. I fully understand the inherent risks associated with participation in the sport my child will be participating in. I also grant the Hoop Dreams Staff to administer any necessary aid in the absence of a parent or legal guardian in the event of an accident.

Parent Signature _____ Date: _____

\$150 Registration Fee. Please mail registration form and all payments to:

**Hoop Dreams Basketball Club
P.O. Box 190801
Boise, ID 83719**