

LCA FUEL Basketball Registration Form

Child's Name: _____ Grade: _____

Parent/Guardian: _____ Cell # _____ Text? Y ___ N ___

Email Address: _____

Parent/Guardian: _____ Cell # _____ Text? Y ___ N ___

Email Address: _____

1. If more than two teams can be created, please indicate your preference:

-My child is only interested in playing in the blue division (recreational league): **Yes** ___ **No** ___

-My child plans to attend the "skills and drills" session on October 16th or October 30th to have an opportunity to be placed in the black division. **Yes** ___ **No** ___

2. What is your child's jersey size?

Youth Small ___ Youth Medium ___ Youth Large ___ Youth XLarge ___

Adult Small ___ Adult Medium ___ Adult Large ___ Adult XLarge ___

-Top three jersey number choices: ____, ____, ____

3. Are you interested in coaching or assisting with the team in any capacity? Yes ___ No ___

Please specify the role you are interested in: _____

4. Does your child have any medical concerns or allergies? Yes ___ No ___

Please list: _____

5. Do you have any additional questions, concerns, or comments? _____

Parent Checklist:

_____ We have some jerseys that have been donated back to the program. Please email me if this is something that would help your family and we will check the jersey availability.

_____ Please review the **Parent Commitment** and let us know if you have any questions.

_____ Please fill out and return the following to the elementary office by 11/10/17:
-**FUEL Basketball Registration Form**
-**Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form**
-**Concussion Information Sheet**
-**Check made out to Life Christian Academy for \$100**