

Chico TarHeels Basketball Academy

PERSONAL INFORMATION

Player's Name _____.

Birthday (month/day/year) _____.

School _____ Grade _____.

Parent's Name(s) _____.

Address _____.

City _____ Zip _____.

Home Phone () _____ Bus Phone () _____.

Fax number () _____ Email Address _____.

Mobile numbers _____.

Additional Parent/Guardian Name and Address (If applicable)

Parent's Name(s) _____.

Address _____.

City _____ Zip _____.

Home Phone () _____ Bus Phone () _____.

Fax number () _____ Email Address _____.

Emergency Contact Information

Emergency Contact's Name _____.

Emergency Contact's Phone _____.