



### C.A.L.F. INDUSTRIES – C.A.L.F. 3 Basketball League 4<sup>th</sup> & 5<sup>th</sup> Grade Division

Child's Name \_\_\_\_\_  
(PRINT) (Last) (First)

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Address \_\_\_\_\_  
(Street) (Apt #) (City) (State) (Zip code)

Home number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Saturday 5:00 pm till 9:00 pm**  
**Game Dates: 1/5, 1/12, 1/19, 1/26, 2/02, 2/09, 2/16, 2/23**

Parent Information	
<b>Parent 1</b>	
_____	_____
(Last)	(First)
Address _____	
_____	
Home Phone: (____) _____	
Cell Phone: (____) _____	
Email Address _____	
-	
<b>Parent 2</b>	
_____	_____
(Last)	(First)
Address _____	
(If different)	
Home Phone (____) _____	
Cell Phone (____) _____	
Email Address _____	

Have you ever played Basketball?	Yes	No
Have you ever played competitively?	Yes	No
(Specify) _____		
Do you have any medical conditions?	Yes	No
(Specify) _____		
_____		
_____		
List <b>One Goal</b> you plan to achieve at CALF Clinic:		
_____		

Emergency Contact Information	
Name	_____
Relationship	_____
Phone 1	_____
Phone 2	_____

**In registering for this league, I give permission for my child to participate in all basketball related activities. I understand that the C.A.L.F. Industries assumes no responsibility for personal property. I also understand photos/video taken of my child may be used for publicity/promotional purposes only.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

