



Ashland Youth Basketball Registration Form

(One per participant)

Name of Child: _____ DOB: _____ Age: _____ Sex: M / F

Grade: _____ Shirt Size (please circle one): YXS YS YM YL OR Adult S M L XL

Mailing Address: _____ Town: _____ Zip: _____

EMERGENCY INFORMATION

\$25 IS DUE WITH THIS FORM

Legal Guardian's Name: _____ Phone #: _____ Email: _____

Mother's Name: _____ Phone #: _____ Email: _____

Father's Name: _____ Phone #: _____ Email: _____

Doctor's Name: _____ Phone #: _____ Hospital: _____

GROUP: Check one

DATES: January 11, 18, 28 & February 1

_____ 4 & 5 YEAR OLDS

9:00 – 9:45

_____ 1 & 2 GRADE

10:00 – 11:00

_____ 3 & 4 GRADE

11:00 – 12:00

HELP KEEP OUR GYM CLEAN.

CARRY SNEAKERS INTO THE GYM

AND PUT THEM ON INSIDE.

**** For More information call Ann @ 603-481-0990****

