

Bluffton Parks & Recreation Dept.
PEEWEE BASKETBALL LEAGUE
REGISTRATION FORM K-4

Child's Name _____ Girl / Boy Phone # _____

Parent/Guardian Name _____ Cell phone # _____

Address _____ City _____

Zip _____

Age _____ Entering Grade _____ School _____

Shirt Size: **Youth Sm (6-8)** **Youth Med (10-12)** **Youth Lg (14-16)** **Adult Sm**

(Please circle **one** size above. You will receive the size you order)

Emergency Information: Contact: _____ Phone # _____
(to be someone other than parent listed above)

Doctor/Hospital preference:
Dr. _____ Hospital _____

Dentist _____

List any existing medical condition:

Parent/Guardian PRINTED NAME

Parent/Guardian SIGNATURE

Date _____

If you would like to receive program
updates by e-mail list address
here _____