



# Basketball Team Skills Registration Form

Competition: \_\_\_\_\_ (select from list)  
 Local Program Name: \_\_\_\_\_  
 Local Program Contact: \_\_\_\_\_

## List of Coaches

Last Name	First Name	Type	Cell Phone	Email Address
		Head Coach		
		Asst Coach		
		Asst Coach		
		Asst Coach		

(Required)  
 (Optional)  
 (Optional)  
 (Optional)

Add 'X'  
if  
Unified

**\*\* Note: Please submit Class A Volunteer forms with your registration for any new Coaches/Unified Partners or Coaches/Unified Partners with expired forms. Please submit Medical Forms with your registration for any new athletes or athletes with expired forms**

## Basketball Team Rating Summary:

Team	Player	X	First Name	Last Name	DOB	M/F	Team Name	Team Event	Team Age Group	Team Skills Total Score
1	1									
	2									
	3									
	4									
	5									
2	1									
	2									
	3									
	4									
	5									
	1									
	2									

3	3								
	4								
	5								

NOTES:

---