

Victory Basketball Program Registration Form

Student information:

Name: _____ **Date Of Birth:** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone:** _____

Male/Female: _____ **Preferred Name:** _____

Parent/Guardian Information:

Name: _____ **Relation to Student:** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone:** _____

Work Number: _____ **Emerg.Contact:** _____

Doc.Name: _____ **DocNumber:** _____

Health Card #: _____

Special Needs/ Allergies: _____