

Oconomowoc **Y**outh **B**asketball - Registration Form

Player Name: _____

Gender: M F Date of Birth: _____ Grade: _____

School: _____

Parent Names: _____

Address: _____

City: _____ Zip: _____

Phone: Home: _____

Cell Mother: _____ Cell Father: _____

Email: _____ 2nd Email: _____

The Oconomowoc Youth Basketball waiver must be signed prior to participation in tryouts. Participants will be notified at phone numbers listed above upon completion of team selection process.

Parent Signature: _____

Date: _____