

Original Great 48 Registration Form

Player Name: _____

Grade Entering: _____ **School:** _____

Height: _____ **Weight:** _____ **Position:** _____

Degree Interest (Ex: B.A., BSc, BBA, Etc.): _____

Jersey Size (circle one): S M L XL XXL

Phone #: _____

E-mail: _____

Medical Card #: _____

Any medical issues we should know: _____

Credit Card #: _____ **Expiry:** _____

Note: Card will be charged \$175.48 plus HST

Player Agreement:

I agree to participate fully in all aspects of the “Original Great 48 Shoot-Out”. I also agree to abide by all rules/regulations set forth by the host site pertaining to usage of the facility and to be on my best behavior.

Parent Signature: _____

Player Signature: _____

Date: _____

**Please fill out and email to coach Tim Kendrick
tim@stormbasketball.ca | (902) 681-3333**