

REGISTRATION FORM

2025-2026

Athletes Name: _____ **Date of Birth:** _____

Gender: _____

Parents / Guardian Name: _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone #: _____ **Mobile Phone #:** _____

E-Mail: _____ **(MANDATORY)**

Allergies & Medical Conditions: _____

Have you played rep basketball before? Y / N

Which position do you play? _____

Jersey Size: S / M / L / XL **Short Size:** S / M / L / XL

Shoe Size: _____

ATHLETE SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

EXCEED PREP BASKETBALL ACADEMY