

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