

# PLAYER REGISTRATION FORM



## USA Pathways Basketball Experience : Player Registration Details

Name:	
Date of Birth:	
Address:	
Email:	
Mobile:	
Emergency Contact:	
Name:	
Email:	
Mobile:	
<b>Player profile:</b>	
Height:	
Preferred position:	
Experience:	

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Signature of Player Date

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Signature of Legal Guardian (if under 18 years of Age) Date

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Name of Guardian

Email: [usa.pathways@gmail.com](mailto:usa.pathways@gmail.com) if you have any questions.