



## PA YOUTH BASKETBALL LEAGUE REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Please email completed form to: [positiveattitude@att.net](mailto:positiveattitude@att.net)  
Or mail form to 229 N. Graham-Hopedale Rd. Burlington NC

Players Name \_\_\_\_\_

Gender \_\_\_\_\_ League \_\_\_\_\_

Players Age \_\_\_\_\_ Current Grade \_\_\_\_\_

School \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Leagues/Age Requirements

<b>5u/6u</b>	<b>BEGINNER</b>	Must be 5 years old, Cannot be 7 years old before January 1st
<b>7u/8u</b>	<b>PEEWEE</b>	Cannot be 9 years old before January 1st
<b>9u/10u</b>	<b>MITES</b>	Cannot be 11 years old before January 1st
<b>11u/12u</b>	<b>MIDGETS</b>	Cannot be 12 years old before January 1st
<b>12u/13u</b>	<b>INTERMEDIATE</b>	Cannot be 14 years old before January 1st