Cairo-Durham Elementary
Basketball Club Registration Form

-Complete one per child-

Students name:_____

Students Grade:_____

Parents's/Guardian's Name(s):_____

E-mail:_____

Phone 1:_____ Phone 2:_____

Allergies:_____

Medical Conditions: _____

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IN CASE OF EMERGENCY

Contact 1:

Name:_____

Phone:_____

Relationship:_____

Contact 2:

Name:_____

Phone:_____

Relationship:_____