

Basketball Academy 2025-2026

Application Form

New Student Application \qed	Returning Student
Student Info:	
First Name:	Last Name:
Birth Date:	
Phone Number:	Email:
Address:	Current School:
City:	District:
Postal Code:	Current Grade:
Position:	Coach:
	Number Years Playing:
Parent/Guardian Info:	
1. Name:	Phone (Daytime):
Email:	(Cell):
2. Name:	Phone (Daytime):
Email:	(Cell):
Emergency Contact Info:	
Emergency Contact:	Phone (Daytime):
	Cell:
Relationship	Work:



Medical Info: Please List any medical conditions that we should be aware of:	
Parent/Student Authorization:	
	rovided on this application is true and complete. If anyof oplication changes in the future, I/we will inform Prince
Parent Signature:	Date:
·	ockey Academy is a high profile program. I am providing y child. In program-related activities, to be used for the nication of the program.
Parent Signature:	Date: