



Basketball Registration

Last name	First name	Date of Birth

Address	Postal Code	Apt

Phone Number (Home)	Phone Number (Work)	Emergency Contact

Parents Last Name	First Name	Language

Phone Number
Home: () _____ Work: () _____

Medicare Card Number

Staff Only
Amount Due: _____ Amount Paid: _____ Staff Signature: _____ Date: _____

In signing this for you hereby give permission to the Boys and Girls Club of Lachine to use any photographs of my child for promotional purposes.

Member Signature: _____

Parent Signature: _____

