



# Phoenix Basketball

## Athlete Information

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Age/Rising Grade*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Parent Information

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Goals for Athlete

*Please list three main areas in need of work.*

First Area: \_\_\_\_\_

Second Area: \_\_\_\_\_

Third Area: \_\_\_\_\_

### Participation

Lady Phoenix Summer Basketball:  Fall Workouts:

Men's Summer Basketball:  Shooting Gun:

***CURRENT SPORTS PHYSICAL REQUIRED TO PARTICIPATE.*** Renew player sports physicals for one year May 16<sup>th</sup> at the gym from 5-7pm for \$25. Please verify physical will be current through 6/30/24 on Dragonfly.

Please return participation package to Coach Youtz or email to rrole42@gmail.com.