



2020 LITTLE HOOPERS



PLAYER INFORMATION

Location: _____ Session (*circle one*): 1 2 3 4 Elite

Player's Name: _____ Date of Birth: _____

Gender: Male Female School: _____

Receives free/reduced school lunch?: Yes No Race/Ethnicity: Hispanic/Latino Black/African-American

White Arab American Indian Asian Multi-Racial Other _____

Health Conditions/Prescription Meds: _____

Shirt Size (*circle one*): YS(6-8) YM(10-12) YL(14-16) YXL(18-20)

PRIMARY PARENT/GUARDIAN INFORMATION

Name: _____

Relationship to Player: Father Mother Other _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Did you participate with Detroit PAL as a child? Yes No

SECONDARY PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Player: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Did you participate with Detroit PAL as a child? Yes No

EMERGENCY CONTACT

Name: _____ Phone: _____

Relation to Player: _____ Check box to call emergency contact before secondary parent

