

# Murfreesboro City Schools

## Parental/Player Contract/Consent Form for Competitive Basketball 2009 Season

### Please Complete This Form:

Player Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Birth Date of Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other number: \_\_\_\_\_ Please Specify Number

Best Contact Number: \_\_\_\_\_

Any other information necessary: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_