Sonny Parker Youth Foundation
Basketball Academy

Permission/Registration Form

Name:_____
Last First Middle

Address:_____

City:_____State:_____Zip:_____

Telephone:_____

E-Mail:_____

Parent or Guardian:_____

Birth date:_____ Age:_____ Grade:_____

Height:_____ Weight:_____ Uniform Size: XXL XL L

School:_____

Favorite
Subject(s):_____

_____

I have read the above information and verify that it is true and correct, I hereby granting my permission to the above named minor to participate in the SONNY PARKER YOUTH FOUNDATION BASKETBALL ACADEMY.

Date:_____

_____
Parent/Guardian Signature