



Bensenville Sports  
CONFERENCE

**2023/2024 WINTER BASKETBALL  
K-GRADE 2 IN-HOUSE REGISTRATION & INFORMATION FORM**

**CHILD & PARENT INFORMATION:**

CHILD NAME: \_\_\_\_\_ D.O. B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check one for the child: Male \_\_\_\_\_ Female \_\_\_\_\_

Height: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

*(Circle BEST phone number)*

HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL PHONE 1: (\_\_\_\_) \_\_\_\_-\_\_\_\_

CELL PHONE 2:(\_\_\_\_) \_\_\_\_-\_\_\_\_

E-MAIL \_\_\_\_\_

(\*this is used to relay important team information):

**T-Shirt SIZE:** (Please circle one)

Youth S Youth M Youth L Youth XL Adult S Adult M Adult Large

\*You will receive the size that is ordered. Please try on samples to ensure proper sizing

\*Black shorts are not Provided

1) Have you participated in Basketball with BPD before? \_\_\_\_\_

2) Do you have any other Basketball experience? \_\_\_\_\_

3) Please indicate what school your child attends: \_\_\_\_\_

\*All teams will be formed by Athletic Supervisor.

**Player or Coach Requests:** \_\_\_\_\_

**VOLUNTEER COACHES NEEDED!**

**(Please check one)**

\_\_\_\_\_ Yes, I would like to be a volunteer head coach.

\_\_\_\_\_ Yes, I would like to be a volunteer assistant coach.

\_\_\_\_\_ Yes, I have a relative who would like to be a coach. Contact info below.

\_\_\_\_\_ No, I am not available to coach.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\*Volunteer Head Coaches must let the Athletic Supervisor know if they are requesting a specific Assistant Coach **PRIOR** to the player evaluation and draft.