



Junior Skill Sessions

Youthtown

Name

Surname: _____ First Name: _____

Contact Details

Address: _____

Email: _____

Home Phone: _____ Mobile: _____

Date of Birth: ____ / ____ / ____

School: _____ Year (1-13): _____

Basketball Experience: No. of years playing experience _____

Casual / School Miniball Team / Representative Team (Circle One)

Details _____

Name of Parents / Guardians

Parent Help: We are very keen to develop a group of motivated supporters of Basketball Auckland's Development Programmes that can support us in the operations. We consider active parent participation to be essential to developing an effective Culture. We will not leave you stranded and will support you in any role you offer to assist us with by providing relevant information, advice and support.

Coaching Manager Refereeing Help (please circle that which applies)

Signature: _____ Date _____

Cost: \$5.00 per session paid on the door each week**Send form to:** Basketball Auckland, Po Box 26599, Epsom, Auckland 1344