



Knox County Youth Official Team Registration Form

Complete all information below and return the form to the League Director.

Complete one form for each team in the league. All players must be registered to participate.

Please type or print legibly

Name of Organization: _____

Team Name: _____ Head Coach: _____

Email: _____ Phone/Daytime: _____ Fax: _____

Address: _____ City: _____ State _____ Zip: _____

Assistant Coach: _____ Email: _____ Phone/Daytime: _____

Address: _____ City: _____ State _____ Zip: _____

Please circle correct league and division below.

6 Under – Boy’s or Girl’s

Boy’s League – 8u, 10u, 12u, 14u

Girl’s League - 8u, 10u, 12u, 14u

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Birth Date: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Birth Date: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
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Birth Date: _____

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Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Birth Date: _____

To the best of my investigated and concerned knowledge, the players listed above are registered with only one Knox County Youth Basketball league for the 2009-2010-basketball season.

Signature of Head Coach

Date