



Athletes Name _____ Age _____ Sex _____ Adult
Shirt Size _____
(PRINT CLEARLY)

Parents/Guardian Name _____ Phone # (_____) _____
(PRINT CLEARLY)

Email _____
(PRINT CLEARLY)

I am interested in **Council Rock North** **Council Rock South** **No preference** _____
Boys Basketball _____ Boys Basketball _____
Girls Basketball _____ Girls Basketball _____

Basketball games are weeknights at 7PM and Saturdays. List conflicts _____

Would you agree to have this athlete's picture appear on the AHA website? **YES** **NO**
(<http://www.AthletesHelpingAthletesInc.com>)

Parent/Guardian Signature _____ **Date** _____

NOTES AND/OR SPECIAL REQUESTS:

Please mail all completed forms to the following address:

AHA, Inc.
P.O. Box 172
Richboro, PA 18954

E-Mail: AthletesHelpingAthletesInc@gmail.com