A Coach Is, Inc.
Basketball I. Q. Training Academy

I. STATUS		
Program Level	**For Office Use Only:**	
○ Level 1 (3rd-5th)	○ Registration $100	
○ Level 2 (5th -8th)	○ Session Fee $200	
○ Level 3 (9th -10th)	Date: _____	
Fall 2016		

II. ATHLETE INFORMATION

Full Name of Athlete: _____
(LEGAL NAME) Last First MI

Date of Birth: _____ /_____/_____ Gender: ❑ Male ❑ Female
MM DD YYYY

Grade: _____ T-Shirt Size: _____ Referred by: _____

Parent/Guardian Name _____

Cell/Telephone: (Day) _____ Email: _____

II. EMERGENCY CONTACT INFORMATION

Physician Name _____ Phone _____

Medical Insurance Company _____ Policy # _____

Contact (Non-Parent) Name _____ Relationship _____

Cell Phone _____ Home Phone _____