Oshkosh North Girls Basketball

2017 – 2018 Membership Application

Player Name:	School:		
Birthday:	Grade:		
Father (or Other) Contact:	Mother (or Other) Contact:		
Address:	Address if different		
Home Phone:	Home Phone:		
Cell Phone:	Cell Phone:		
e-mail:	e-mail:		
Youth Night T Shirt Size (player): **Youth –** S M L **Adult -** S M L XL	**Additional Youth Night Shirt Order:** **Size:** **Quantity:**		
Sponsor:	**Communication Preference (check one)**		
	Home Phone	Cell Phone	e-mail

Payment Information

Membership Fee (3rd - $110, 4th - $135, 5th and 6th - $140, 7th and 8th - $145)-fees to be paid by November 1 (All fees include receipt of 12 Youth Night Raffle tickets to keep or sell)

Amount Paid $_____

Return to parent rep or mail to: Oshkosh North Girls Basketball (checks payable)
c/o Jayme Engen
1100 W Smith Ave
Oshkosh WI 54901

I, as a parent in the Oshkosh North Girls Basketball, strive to remember that the club exists to help teach the game of basketball in a friendly, supportive environment. My role is to be a supporter of my daughter, her team, and coach in the stands, in the gym and in public. I pledge to help where needed, including fund raising and volunteering for club activities. I will do my best to get my daughter to practice and games. My role is not to coach from the bleachers, not to be critical of the officiating and not to express negative comments to any player in our club or any other club.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Revision Date: 8-2-17