



JR Pirate Developmental League

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Grade: _____ Male/Female: _____

Shirt Size: (Circle) YS YM YL S M L

Cost: \$25.00 (Please make all checks out to: PINE TREE ATHLETICS-BASKETBALL)

Medical Conditions: _____

Are you playing in any other leagues that could conflict with scheduling:



Emergency Medical Treatment Permission I hereby authorize the director of the Pirate Basketball to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of the camp. Payment of all charges incurred for the medical treatment is guaranteed by me. I agree that Pine Tree ISD, the camp, coaches or camp director will not be held responsible for any accident that may occur during camp.

Parent/Guardian Signature _____ Date _____

Please bring this flyer with payment to registration or mail to:
Pine Tree Athletics-Basketball P.O. Box 5878 Longview, TX 75608

For Office Use
PD: