

Pioneer Elite Registration 2018—2019



Player Information:

First Name: _____ Last Name: _____

Address: _____ City & Zip: _____

Age: ____ DOB: _____ Grade: ____ School: _____ Team: _____

Parent/Guardian Information (who player lives with):

Name: _____ Relationship to player: _____ Phone: _____ E-mail: _____

Name: _____ Relationship to player: _____ Phone: _____ E-mail: _____

****To add additional email contacts please email ocpioneerelite@gmail.com**

Uniform Top YS YM YL YXL AS AM AL AXL

Uniform Shorts YS YM YL YXL AS AM AL AXL

My 3 number preferences are _____

_____ I am ordering a practice jersey. (A red/white reversible practice jersey is required but may be purchased elsewhere.)

Please circle size: **YM YL AS AM AL AXL AXXL**

\$12.00 with no number OR \$14.00 with number (number choice: _____)

_____ **OR** I will provide my own practice jersey.

_____ I am interested in being a Team Parent. (Name: _____)

I understand that payment for the registration fee (\$385) must be submitted with the registration paperwork on 10/8 or 10/10 in order for my child to participate in Pioneer Elite activities, including practices and games. Any exception to this is only by specific agreement with Pioneer Elite Basketball. I also understand that pictures of my player may be used in fliers or other media relating to Pioneer Elite, its activities, or OCHS basketball.

Parent Signature: _____ **Date:** _____

Please make checks payable to Pioneer Elite Basketball. Thanks!

Total Owed: _____ **Paid at Registration: Cash** _____ **or Check** _____ **(Check #** _____ **)**

