



**Por La Gente Association  
Latino Youth Basketball Registration Form**

**Donation: \$5.00 – per student, proceeds will support our scholarship program**

Student Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Grade: \_\_\_\_\_ (must currently be in grades 2<sup>nd</sup> through 12<sup>th</sup>)

Student Athlete's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Athlete's Current School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Select T-Shirt Size:

\_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large \_\_\_ Youth XL

\_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult XL

***Liability Waiver:*** *Por La Gente Association & Racine Unified School District will not be held liable for any injuries that may occur to a player(s) as a result of participating in this event. Both of these groups will also not be responsible for any individual's personal items that may be damaged, destroyed, lost or stolen while on the event premises. By signing below you agree to these terms and conditions.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this registration form to:**

**Por La Gente Association**

**c/o Basketball Tournament Chair**

**PO BOX 085454**

**Racine WI 53408**