



3 ON 3 REGISTRATION FORM

THANK YOU FOR YOUR INTEREST IN THE SUTTER SKILLS 3 ON 3 PROGRAM! PLEASE COMPLETE THIS FORM AND SUBMIT IT TO [BRODY@SUTTERSKILLS.CA](mailto:brody@sutterskills.ca). PLEASE NOTE: WE WILL RESPOND WITHIN 2 BUSINESS DAYS TO CONFIRM YOUR SPOT AND PROVIDE PAYMENT DETAILS.

DATE: _____

PLAYER'S NAME: _____ PLAYER'S DOB: _____

REGISTRATION TYPE: FREE AGENT _____ TEAM _____

TEAM NAME (IF APPLICABLE): _____

PARENTS/GUARDIAN NAME(S): _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

LAST TEAM + LEVEL PLAYED: _____

MEDICAL CONCERNS?: _____

TEAMMATE REQUEST(S)? _____

HOW DID YOU HEAR ABOUT SUTTER SKILLS DEVELOPMENT?: _____

_____ I GIVE PERMISSION TO SUTTER SKILLS DEVELOPMENT TO EMAIL AND/OR TEXT MESSAGE ME PROGRAM INFORMATION INCLUDING TIMES, SCHEDULING CHANGES, AND UPDATES. (PLEASE INITIAL)

_____ I UNDERSTAND THAT THIS FORM DOES NOT SECURE MY CHILD'S SPOT IN THE SUTTER SKILLS 3 ON 3 PROGRAM. PAYMENT MUST BE MADE TO SECURE MY CHILD'S SPOT. (PLEASE INITIAL)

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE