

# Team Mayhem 2025/26 Developmental Program Registration and player information

**Full Name:** \_\_\_\_\_ **Player #** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) **Age:** \_\_\_\_\_ **Male** \_\_\_\_\_ / **Female** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_ **and** \_\_\_\_\_

**All Contact Emails:**

\_\_\_\_\_

**Manitoba Medical Numbers:** 6 digit \_\_\_\_\_ 9 digit \_\_\_\_\_

**All contact phone numbers:**

**(H):** \_\_\_\_\_ **Cell :** \_\_\_\_\_ **Cell :** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Relationship to player:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Developmental Player** \_\_\_\_\_ **\$ 1000**

**Monthly Payments of \$ 100 on the 1<sup>st</sup> on every month. (September – June)**

**(Includes: Program fee, and Gym Rental fees)**

**Basketball Manitoba Insurance fee for the year** **\$ 50** \_\_\_\_\_

