



M S D L

MIDDLE SCHOOL DEVELOPMENT LEAGUE

Player Registration Form

Player Name: _____

Date of Birth: _____ **Grade:** _____

Parent Name: _____

Phone: _____ **Alt Phone:** _____

Email: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

I release Edward Addie / Mike Praeger and The QCAA Basketball Program from all legal and financial responsibility due to injury or illness during The Run & Shoot Competitive Basketball League. I state that my child is able to participate in strenuous activities with no restrictions.

Parent Signature

Please mail form and payment to:

QCAA Basketball
P.O. Box 473425
Charlotte, NC 28247