



Basketball Registration Form

Local Program Name: Brookline Recreation
Local Program Coordinator: Micah Barshay, Sydney Lahmeyer
Team Name: Brookline Gators
Team Type: Traditional (Select from list)
Sport: Basketball
Event Code: BBTEAM - Traditional Basketball Team (Select from list)
Division/Ability Level: High (Select from list)
Age Group: 22+ (Select from list)
Planning to Move on to State Tournament? Yes (Select from list)
Commuting, Housing, or Both: Housing (Select from list)

Training Information

Day of the week: _____
Location: _____

**** NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches/UPs or coaches/UPs with expired forms
 Please submit Medical Forms with your registration for any new athletes or athletes with expired forms

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Telephone	Cell Phone	Email Address
L	Emmanuelle	Head Coach			
M	William	Asst Coach			
		Asst Coach			
		Asst Coach			

(Required)
 (Optional)
 (Optional)
 (Optional)

List of Competing Athletes/Unified Partners (15 Maximum, 8 Minimum)

	First Name	Last Name	DOB	M/F	U' if Unified
1	Santiago	T			
2	Eric	A			
3	Stephen	K			
4	Joshua	J			
5	Seth	L			
6	Patrick	M			
7	David	L			
8	Sam	M			
9	Charles	Q			
10	Ryan	G			
11	Mark	S			
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List of Practice Only Athletes/Partners

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NOTES:



Basketball Registration Form

Local Program Name: Brookline Recreation
Local Program Coordinator: Micah Barshay, Sydney Lahmeyer
Team Name: Brookline Beavers
Team Type: Traditional (Select from list)
Sport: Basketball
Event Code: BBTEAM - Traditional Basketball Team (Select from list)
Division/Ability Level: High/Medium (Select from list)
Age Group: 22+ (Select from list)
Planning to Move on to State Tournament? Yes (Select from list)
Commuting, Housing, or Both: Housing (Select from list)

Training Information

Day of the week: _____
Location: _____

**** NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches/UPs or coaches/UPs with expired forms
 Please submit Medical Forms with your registration for any new athletes or athletes with expired forms

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Telephone	Cell Phone	Email Address
S	Winnie	Head Coach			
P	Jon	Asst Coach			
		Asst Coach			
		Asst Coach			

(Required)
 (Optional)
 (Optional)
 (Optional)

List of Competing Athletes/Unified Partners (15 Maximum, 8 Minimum)

	First Name	Last Name			
1					
2	Daniel	K			
3	Tony	P			
4	Richard	W			
5	Nick	J			
6					
7	Jean	B			
8	Jeffrey	W			
9	Corey	K			
10	Nate	S			
11	Zack	W			
12	Jacob	C			
13	Logan	R			
14	Chris	M			
15	Alan	L			

List of Practice Only Athletes/Partners

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NOTES: _____



Basketball Registration Form

Local Program Name: Brookline Recreation
Local Program Coordinator: Mcah Barshay, Sydney Lahmeyer
Team Name: Brookline Coyotes
Team Type: Traditional (Select from list)
Sport: Basketball
Event Code: BBTEAM - Traditional Basketball Team (Select from list)
Division/Ability Level: Medium/Low (Select from list)
Age Group: 22+ (Select from list)
Planning to Move on to State Tournament? Yes (Select from list)
Commuting, Housing, or Both: Housing (Select from list)

Training Information

Day of the week: _____
Location: _____

**** NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches/UPs or coaches/UPs with expired forms
 Please submit Medical Forms with your registration for any new athletes or athletes with expired forms

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Telephone	Cell Phone	Email Address
M	Luke	Head Coach			
S	Shea	Asst Coach			
		Asst Coach			
		Asst Coach			

(Required)
 (Optional)
 (Optional)
 (Optional)

List of Competing Athletes/Unified Partners (15 Maximum, 8 Minimum)

	First Name	Last Name			
1	Anne	W			
2	Angel	P			
3	Melanie	P			
4	Greg	T			
5	Micheal	S			
6	Paul	E			
7	John Paul	D			
8	Sam	S			
9	Jerek	F			
10	Greg	W			
11	Jeff	K			
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List of Practice Only Athletes/Partners

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NOTES:



Basketball Registration Form

Local Program Name: Brookline Recreation
Local Program Coordinator: Micah Barsgay, Sydney Lahmeyer
Team Name: Brookline Ducks
Team Type: Traditional (Select from list)
Sport: Basketball
Event Code: BBTEAM - Traditional Basketball Team (Select from list)
Division/Ability Level: Medium/Low (Select from list)
Age Group: 22+ (Select from list)
Planning to Move on to State Tournament? Yes (Select from list)
Commuting, Housing, or Both: Housing (Select from list)

Training Information

Day of the week: _____
Location: _____

**** NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches/UPs or coaches/UPs with expired forms
 Please submit Medical Forms with your registration for any new athletes or athletes with expired forms

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Telephone	Cell Phone	Email Address
M	Tim	Head Coach			
M	Ashley	Asst Coach			
		Asst Coach			
		Asst Coach			

(Required)
 (Optional)
 (Optional)
 (Optional)

List of Competing Athletes/Unified Partners (15 Maximum, 8 Minimum)

	First Name	Last Name			
1	Amanda	S			
2	Michael	W			
3	Michelle	W			
4	Adriana	D			
5	Joel	M			
6	Maria	M			
7	Carla	F			
8	Louisa	F			
9	Peter	F			
10	Virginia	L			
11	Cristen	M			
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List of Practice Only Athletes/Partners

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NOTES:



Basketball Registration Form

Local Program Name: Brookline Recreation
Local Program Coordinator: Micah Barshay, Sydney Lahmeyer
Team Name: Brookline Eagles
Team Type: Unified (Select from list)
Sport: Basketball
Event Code: BBTMUNC - Basketball Unified Team (Select from list)
Division/Ability Level: Medium/Low (Select from list)
Age Group: 13 - 21 (Select from list)
Planning to Move on to State Tournament? Yes (Select from list)
Commuting, Housing, or Both: Housing (Select from list)

Training Information

Day of the week: _____
Location: _____

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 Please submit Medical Forms with your registration for any new athletes or athletes with expired forms

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Telephone	Cell Phone	Email Address
M	Katie	Head Coach			
L	Kristin	Head Coach			(Required)
B	Lindsay	Asst Coach			(Optional)
B	Darryl	Asst Coach			(Optional)
H	Paula	Asst Coach			(Optional)

List of Competing Athletes/Unified Partners (15 Maximum, 8 Minimum)

	First Name	Last Name			U' if Unified
1	Ava	M			
2	Igal	B			
3	Giorgio	P			
4	Daniel	O			
5	Aiden	G			
6	Max	V			
7	Brennan	S			
8	Ian	B			
9	Jasiah	W			
10	Gil	A			
11	Jalcel	A			
12	Alejandro	R			
13	William	M			
14	Avery	W			
15	Adrian	W			

List of Practice Only Athletes/Partners

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NOTES: _____



Basketball Registration Form

Local Program Name: Brookline Recreation
Local Program Coordinator: Micah Barshay, sydney Lahmeyer
Team Name: Brookline Falcons
Team Type: Unified (Select from list)
Sport: Basketball
Event Code: NM - Basketball Unified Player Development (Select from list)
Division/Ability Level: Low (Select from list)
Age Group: 22+ (Select from list)
Planning to Move on to State Tournament? Yes (Select from list)
Commuting, Housing, or Both: Housing (Select from list)

Training Information

Day of the week: _____
Location: _____

**** NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches/UPs or coaches/UPs with expired forms
 Please submit Medical Forms with your registration for any new athletes or athletes with expired forms

List of Coaches ****NOTE:** Please submit Class A Volunteer forms with your registration for any new coaches or coaches with expired forms

Last Name	First Name	Type	Telephone	Cell Phone	Email Address
W	Megan	Head Coach			
H	Ryan	Asst Coach			
		Asst Coach			
		Asst Coach			

(Required)
 (Optional)
 (Optional)
 (Optional)

List of Competing Athletes/Unified Partners (15 Maximum, 8 Minimum)

	First Name	Last Name	DOB	M/F	U' if Unified
1	Katie	C			
2	Corey	C			
3	Beth	B			
4	Nat	B			
5	Sri	S			
6	Thomas	B			
7	Alyssa	S			
8	Michael	M			
9	Koya	O			
10	Kyle	C			
11	Matthew	C			
12	Rob	K			
13	Will	L			
14	Eva	M			
15					

List of Practice Only Athletes/Partners

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