

# **TRAVEL BASKETBALL QUESTIONNAIRE**

**Has your son/daughter ever been diagnosed with any allergies and/or ever had an unfavorable/allergic reaction to any medications, food items, and/or stings/bites?**

**Has your son/daughter ever been diagnosed with asthma?**

**Has your son/daughter ever been diagnosed with diabetes?**

**How many years (not seasons) has your son/daughter played organized basketball?**

**Has your son/daughter played on an organized basketball team within the last 12 months?**

**If yes, which one(s)? \_\_\_\_\_ What league(s)? \_\_\_\_\_**

**Is your son/daughter currently enrolled in a school that has a basketball team in which he/she will participate? If yes, which one? \_\_\_\_\_**

**Is your son/daughter currently playing or planning on playing another sport that would cause him/her to miss travel basketball practices/games from Nov-Feb? If yes, what sport(s) and when are the games?**

\_\_\_\_\_

**Parental Volunteer Opportunities (CHECK all that apply):**

- Asst. Coach
- Scorebook
- Clock Operator
- Player Stats
- Videographer
- Concession Stand

**My son/daughter will be available to play in a  
[Please CIRCLE all that apply]:**

**Thanksgiving Tournament?**

**Winter Holiday Tournament?**

**Martin Luther King, Jr. Tournament?**

**President's Day Tournament?**

**My son/daughter, \_\_\_\_\_, lives in Moorestown, NJ. (YES / NO)**

**Parental Signature \_\_\_\_\_**