

All-Net Player Certification

Player's Name _____ **Last** **First** **Date of Birth** ____/____/____

Address

Street	City	Zip	Home Phone / Emergency Phone
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Parents' Name _____

The above identified player and photograph appear hereon is a participant in the Silicon Valley Section of the National Junior Basketball League

Check Certification items when completed
(Attach items 2 – 7 in order)

- ☐ 1. Photograph
- ☐ 2. Birth Certificate
- ☐ 3. Proof of Address
- ☐ 4. Report Card (2.0 GPA) - 1st Certification
- ☐ 5. Non-Local player Try-out form (if applicable)
- ☐ 6. Player Waiver (if applicable)
- ☐ 7. Report Card (2.0 GPA) - 2nd Certification

Preferred Photo Size 3 x 2½

Minimum photo
size 2½ x 1½

Head & Shoulder

Cut photo to fit
Attach with
permanent glue

	Game Date	Initials	Comments
REGULAR			
SEASON			

Game Date	Initials	Comments
PLAYOFFS		

Comment examples: Absent, Injured, Sick, Suspended, Off Team

Certification Approvals

First _____
 Chapter Director's Signature (Required) Date

Second _____

Chapter Director's Signature (Required) _____ Date _____