



Assumption Royals

Boys and Girls Basketball

-5,000 SHOT CLUB Parent Verification Form-

**UPON COMPLETION OF THE 5,000 SHOTS REQUIRED FOR MEMBERSHIP, PLEASE
COMPLETE AND RETURN THIS FORM ALONG WITH YOUR "5,000 SHOT CLUB
TRACKING FORM" VIA MAIL TO:**

*Assumption Catholic Schools
Attn: Joe Birkhauser, Athletic Director
445 Chestnut Street
Wisconsin Rapids, WI 54494*

Player Name: _____

Parent Name(s): _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

E-Mail Address: _____

Grade Level as of Fall 2021 (Please Circle): *1st* *2nd* *3rd* *4th*

T-Shirt Size (Please Circle):

Youth Small Youth Medium Youth Large Small Medium Large Extra Large

I verify that my son or daughter has completed the 5,000 shots required to become a member of the 5,000 Shot Club. The *Assumption Boys and Girls Basketball Programs* have my permission to use my son or daughter's name and 5,000 Shot Club group picture in a recognition article on various social media platforms. Recognition of the members of the 5,000 Shot Club will take place during halftime of a home Assumption boys or girls varsity basketball game.

Parent Signature: _____ Date: _____