

**Hardwood Ballers Basketball Association**

**2018 /19 Registration Form**

**Athlete Information:**

Player (s) Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code

Parents Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First

Home Phone \_\_\_\_\_\_\_Area Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number

Cell Phone \_\_\_\_\_\_\_Area Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basketball Skill Level Beginner \_\_\_\_ Intermediate \_\_\_\_ Advance \_\_\_\_

Interested in Volunteering while your team is not playing? \_\_\_\_\_

Head Coach \_\_\_ Assistant Coach \_\_\_ Scoreboard \_\_\_ Fundraising Support \_\_\_ Videography \_\_\_\_

If not listed above, list your interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Important Notes:

\*The league organizers reserve the right to form and ensure that the talent level of all teams are balanced.

Emergency Contact & Health Insurance Information:

Emergency Contact’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_ Area Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number

Do you have health Insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance group number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies, chronic illness, or medical conditions that would limit high level activity? \_\_\_\_\_

Is yes, list them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent Permission for Emergency Treatment

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child, and I authorize the person in change to take my child to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Name of Physician / Emergency Medical Care Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Release of Liability

Safety is a primary concern while participating in indoor sport activities at various sport facilities, and may lead to injuries and/or death. I expressly assume the risk of injury, death, and/or illness arising from any cause, and agree to waive the right to pursue any claim against the Hardwood Ballers Basketball Association and the persons in charge

I have read and agree to the above conditions \_\_\_\_\_ Yes \_\_\_\_\_ No

Confirmation E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_