

FUNDAMENTALS BASKETBALL LEAGUE - 2016 REGISTRATION FORM (PLEASE PRINT)

Student(s) Last Name	First	MI	Sex	Birthdate	Age	Grade
				/ /		
				/ /		
				/ /		

Address _____ **City** _____ **State** _____ **Zip** _____

Father/guardian Information:

Last Name _____ First Name _____ MI _____

Does he live with child _____ How related to children _____

Home phone (____) _____ Cell (____) _____ Work phone (____) _____

Mother/guardian Information:

Last Name _____ First Name _____ MI _____

Does she live with child _____ How related to children _____

Home phone (____) _____ Cell (____) _____ Work phone (____) _____

Primary emergency contact OTHER than above: Name _____ Phone _____

Release: Are there any disabilities, handicaps, present injuries or limitations, allergies, or any other significant medical conditions? Yes ___ OR No ___

If yes, please state name & condition(s): _____

Family doctor to be contacted in case of emergency:

Doctor name: _____ Phone: (____) _____

Emergency Authorization: I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the staff and volunteers as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital.

Authorized Signature: _____ Date: _____

Waiver of Liability: I, the parent or guardian of the above named individual(s), acknowledge that parents, who volunteer their time, rather than paid professionals, primarily administer programs sponsored by this church. In consideration for accepting the registration of the above named individual(s) and permitting the voluntary participation of said individual(s) in its programs, I hereby release, discharge, and hold harmless this church, it's staff, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual(s) while participating in church functions including any physical injury by the negligence of any staff or volunteer while performing his/her duties during any function.

Signature of Parent or Guardian: _____ Date: _____