

BASKETBALL LEAGUE REGISTRATION FORM

Athlete Information			
First Name	Last Name	Are you over 18?	
Home Phone Number	Cellphone Number	Email Address	
Street Address	City	State	Zip Code

Emergency Information		
First Name	Last Name	
Phone	Email Address	Relationship to Athlete

Team Information	
What is your skill level?	
Please indicate if you are interested in assisting in these tasks?	
Please list any other registered players for your team.	

Medical Information	
Do you have health insurance?	
Do you have any allergies, chronic illness, or medical conditions that would limit your play? If Yes, please list below and include any medications with dosage amounts.	
Name of Physician / Medical Care Facility	

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel, and I authorize the person in charge to take me to the nearest emergency facility.

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

Although the safety of all sport activities is the primary concern, indoor sport activities at this facility may cause 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 facility and the persons in charge.

I have read and agree to the above conditions.

Signature Date:

Signature: