

Check # _____

Amt. _____

Centre Parks & Recreation Basketball Registration 2019/20

PLAYER FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: _____ AGE: _____ M / F
(AS OF September 1st) (CIRCLE ONE)

PHYSICAL ADDRESS: _____

PARENT / GUARDIAN: _____ PHONE: _____

PARENT / GUARDIAN: _____ PHONE: _____

EMAIL ADDRESS: _____ Are you willing to coach? _____

Medical Problems: _____

Insurance Information: _____

Parental Authorization

I, parent or guardian of the above named, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risk and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local organization, the organizers, sponsors, supervisors, participants, and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and amount covered by accident and / or liability insurance held by the local organization.

I also grant permission to managing personnel or other organization representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home or at other times when neither parent is available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above named player upon request by organization officials.

All uniforms and trophies will be the responsibility of the parents/coaches.

Signature of parent / guardian

Relationship to player

Date

NO REFUNDS

MAKE CHECK PAYABLE TO: Centre Pks & Rec.