



Registration Form

PLAYER'S NAME (LAST) _____ (FIRST) _____ (INITIAL) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ (OK to publish on roster?) YES or NO

SCHOOL _____ GRADE _____ DATE OF BIRTH ____/____/____ AGE _____

SEASON PARTICIPATING: SUMMER FALL WINTER SPRING (CIRCLE as appropriate)

FATHER'S NAME _____ DAY PHONE _____

MOTHER'S NAME _____ DAY PHONE _____

EMAIL ADDRESS: (PLEASE PRINT VERY NEATLY) _____

List any medical problems or prohibition player has: _____

CONSENT For medical treatment (minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

X _____ DATE _____

FAMILY DOCTOR _____ FAMILY DOCTOR'S PHONE _____

FAMILY INSURANCE COMPANY _____

I, the Parent or Guardian of the player named above, hereby gives approval to his participation in any and all association activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Nighthawks Youth Basketball, organizers, sponsors, participants and persons transporting the child, except to and from any activities for any claim arising out of an injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by Nighthawks Youth Basketball.

PARENT/LEGAL GUARDIAN (Please print) _____

SIGNATURE _____ DATE _____