

SOMERS BASKETBALL ASSOCIATION REGISTRATION FORM

PLAYER INFORMATION

Name of Player <input type="checkbox"/> Female <input type="checkbox"/> Male	Address
Name of Parent/Guardian	Phone # Cell Phone #
Date of Birth School Grade	EMAIL:

***REGISTERING FOR:** Instructional Rec Travel Did player play last season? Yes No
 Any parent may request for their child to try out for an older age bracket with board approval. Instructional Rec Travel

EMERGENCY/MEDICAL INFORMATION

Emergency Contact's Name (other than parent/guardian)	Emergency Contact's Phone Number
1.	
2.	

Physician Name: _____ Phone #: _____

Preferred Hospital: _____

Primary Insurance: _____ Policy # _____

List any medical problem or prohibition player has: _____

Has player had a blackout or concussion in the past 2 years? Yes No

Is player presently on or need any medication? Yes No (if yes, please explain) _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the above-named player, I hereby give 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.

Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian (Please Print)

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Referee | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Score Keepers | <input type="checkbox"/> Other _____ |

RELEASE/AUTHORIZATION

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SBA, its affiliated leagues, organizations and sponsors. Recognizing the possibility of physical injury, up to and including death, associated with basketball and in consideration of the SBA accepting the registrant for its basketball programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the SBA, its affiliated leagues, organizations and sponsors, their employees and associated personnel, including the schools (facilities) utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian (Please Print)

OFFICIAL USE ONLY: Fee Received: \$ _____ Cash Check (Check #) _____

Fee Received By: _____

*NOTE: Please refer to Somers Basketball Association bylaws.