BOYS & GIRLS CLUBS
OF GREATER SAN DIEGO

Date:_____
Receipt: _____
Amount Pd: _____

Jersey Size: YS YM YL AS AM AL

BASKETBALL LEAGUE

PLEASE PRINT

MEMBERSHIP #_____ Birth Date ___/___/___ Age _____ Number prior seasons played _____

Height _____ Gender: M F Lives With: Mom Dad Other _____

Ethnicity: African American Caucasian Latino Asian Native American Other _____

Last Name _____ First _____ Initial _____

Address _____ City _____ Zip _____ Phone (_____)_____

Father's Name _____ Bus. Phone (_____)_____

Address _____ City _____ Zip _____ Phone (_____)_____

Mother's Name _____ Bus. Phone (_____)_____

Address _____ City _____ Zip _____ Phone (_____)_____

Email Address: _(*Please print clearly*)_____

List any medical problems or prohibition player has: _____

Person to notify in case emergency & relationship _____ Phone (_____)_____

Doctor _____ Phone (_____)_____

School _____ Grade _____

Parental Support: We ask for active participation of all parents in our program. Check area(s) in which you will help. Please put "F" for Father or "M" for Mother.

__ Coach __ Team Parent __ Asst. Coach

IMPORTANT: I the parent/guardian of the registrant, a minor, agree that the Registrant and I will abide by the rules of the Boys & Girls Clubs of Greater San Diego. Recognizing the possibility of physical injury associated with Basketball and in consideration for the Boys & Girls Clubs of Greater San Diego accepting the registrant for its athletic programs, I hereby release, discharge and/or otherwise indemnify the Boys & Girls Clubs of Greater San Diego, it's Board of Directors, staff and volunteer's, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

_____/_____/_____
Print Parent/Guardian Name Parent Signature Date

CONSENT FOR MEDICAL TREATMENT: 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.

Signature of Parent/Guardian_____

Players Name_____ Hm Phone (_____)_____ Bus. Phone (_____)_____

Address_____City_____State_____ Zip _____

COMMENTS: _____

White – Coach's Copy Yellow – Club's Copy