

Primetime Ballers

YOUTH BASKETBALL REGISTRATION FORM

Complete the items listed below. PLEASE PRINT CLEARLY.

Athlete's name: _____ Date: _____

Date of Birth: _____ Age: _____ Grade: _____

Athlete's Address: _____

City: _____ State: _____ Zip Code: _____

Athlete's Current School: _____

Father's Name: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Mother's Name: _____

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Referred By: _____

Permission and Liability Waiver

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 son.

I agree to hold the Primetime Ballers harmless for any injury that may result from activities in the Primetime Ballers AAU Basketball Program. I, the parent assume all risks and hazards incidental to the conduct of the Primetime Ballers Basketball Program activities.

I also give my permission for the Primetime Ballers Basketball Program to publish, copyright, or use all films and photographs in which my son is included for any exhibitions, displays, web pages and publications without reservation or compensation.

Signature of parent or guardian _____

Attention parents!

Please consider volunteering a few hours to help the club provide a full season of activities for the players. Adults can help as Team Parent, Score/Stat Keeping and Assistant coach.

Volunteer name _____

I will help with _____ Score/Stat Keeping _____ Team Parent _____ Coaching