

FLAMES BASKETBALL CLUB

REGISTRATION, TEAM RULES AND WAIVER FORM

(Print Legibly)



Age: _____ Grade: _____

Name: _____ Date of Birth: _____
Last First M.I.

Address: _____ T-Shirt Size: _____

City State Zip Code

Daytime Phone: _____ Evening Phone: _____

E-mail Address (to inform of games, practices, etc.): _____

Permission: The undersigned parent/guardian hereby grants permission for the undersigned athlete to participation in any/all try-outs, practices, games, tournaments, and other activities of the FLAMES BASKETBALL CLUB. Participation includes, but not limited to, being transported to and from try-outs, practices, games, tournaments, and activities by volunteer drivers, participation in all phases of try-outs, practices, games, and tournaments, and participation, in all other activities of the FLAMES BASKETBALL CLUB, whether athletic, fundraising, or social in nature.

Medical Authorization: The undersigned athlete and/or parent/guardian acknowledge that the activities of the FLAMES BASKETBALL CLUB involve transportation, athletic practice, athletic competition, and other activities which may result in injury. In the event of injury requiring immediate medical care and/or treatment, every effort will be made to contact the athlete's parent(s)/guardian(s). If the undersigned athlete requires immediate and/or medical treatment (including, but not limited to, hospitalization, surgery, anesthesia, and/or blood transfusion) and if the undersigned parent/guardian cannot be reached to provide permission for such care, the undersigned parent/guardian hereby authorizes any FLAMES BASKETBALL CLUB administrative council member, coach, or volunteer, to act as guardian for the injured athlete for the purpose of granting permission to administer the immediate and/or emergency treatment. This authorization is specifically limited to any injuries arising out of the activities of the FLAMES BASKETBALL CLUB. The undersigned athlete and parent/guardian acknowledge that they are responsible for payment for any medical care provided under this authority.

Waiver: The undersigned athlete and/or parent/guardian does hereby waiver, release, and discharge the FLAMES BASKETBALL CLUB, its administrative council members, coaches, volunteer drivers, other volunteers, assigns, and successors from any liability, or causes of action arising out of the activities of the FLAMES BASKETBALL CLUB.

Hold Harmless and Approval of Team Rules: The undersigned athlete and/or parent/guardian hereby agree to hold harmless and indemnify the FLAMES BASKETBALL CLUB and its administrative council members, coaches, volunteer drivers, other volunteers, assigns, and successors for any actions or inactions of the athlete and her family during the activities of the FLAMES BASKETBALL CLUB which results in any claim, cause or action, or liability whatsoever. As the athlete and the parent/guardian of this athlete we agree with the Flames Basketball Club Athletic Code and Rules. By signing this form we acknowledge that we have read and understand this information given us.

Print Name of Athlete Signature of Athlete (if over 18 years of age) Date

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Health Insurance Provider: _____

List any medicines taken or health conditions: _____