

MEDICAL RELEASE FORM

As the parent/legal guardian of:

Name of Player:	
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I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players birth:		Date of last Tetanus Booster:	
Know allergies of this player, including any allergies to medicine:			
Any other medical problems which should be noted:			

Family Physician:		Phone:	()	
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Parent/Guardian:				
Street Address:				
City:		State:		Zip:
Phone # H:	()	Work #:	()	

Person responsible for charges: <small>(if different from above)</small>				
Street Address:				
City:		State:		Zip:
Phone # H:	()	Work #:	()	

Person to notify if parent/guardian is unavailable:				
Street Address:				
City:		State:		Zip:
Phone # H:	()	Work #:	()	

Insurance Carrier:		Policy Number:	
Name of Insured:		Phone:	()

Name of Parent / Guardian: _____

Signature of Parent /Guardian: _____

Date: _____ **Witness:** _____

DC's Ultimate One On One Basketball Training Program
Basketball Workouts, Clinics, Camps & Blaze Basketball Teams
GENERAL REGISTRATION FORM (Please Print)

Player Information

Player Name _____ **DOB** _____ **Age** _____ **Grade** _____

Height: _____ **Weight:** _____ **lbs.** **Class of:** 20 _____ **Level Played Last Year** _____

School _____ **School District:** BHSN BHSS Other _____

Skill Level (circle one): Beginner Intermediate Advanced

Position: Guard – Point (1), Shooting (2) or Combo (1 & 2) Forward - Small (3) or Power (4) Center (5)

T-shirt Size: _____ Jersey Top Size: _____ Jersey Shorts Size: _____ Shoe Size _____

Registering for: Workouts _____ **Clinic** _____ **Camp** _____ **Team** _____

Parental Information

Parent(s)/Guardian(s) _____ **Address** _____

City, State, Zip _____ **HP#** _____ **CP#** _____

WP# _____ **Email** _____

Alt. Contact _____ **Relation** _____

Address _____ **City, State, Zip** _____

HP# _____ **CP#** _____ **WP#** _____

Liability Release Waiver: I know that physical activity such as basketball activities are potentially dangerous activities for my child. My child should not participate in this program unless they are medically able and properly trained. I, as the responsible party for this minor, am aware of the risk of participating in the DC's Ultimate One on One Training basketball program. I assume any and all other risks associated with participating in the program including, but not limited to falls, contact with participants, coaches or assistants. I understand that I am solely responsible for my child's own safety while traveling to and from or participating in this program. I am willing to bear the responsibility and expenses for any medical expenses or other cost that might result from participating in the program under the direction of Derrick Cross and his assistants, coaches, staff, and volunteers in any all facilities. Knowing these facts and in consideration of you accepting this entry form, I hereby for my child, myself, my heirs, executors, administrators, successors or assigns release and discharge Derrick Cross, his assistants, employees, volunteers, program sponsor or contributor, as well as any facility where the program activities are conducted at, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this program. The Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen, known, or unknown.

Signature _____ **Date** _____

(If under 18, parent's or guardian's signature required)

Registration is complete when (1) Registration Form is *completed & signed*

(2) Payment Agreement Contract is *signed*

(3) We receive a Copy of Player's Birth Certificate

(4) We receive a copy of Proof of School Enrollment/Report Card

(5) Medical Release Form *completed & signed*

(6) We receive a copy of a yearly Physical

Or the Office has notified you that Registration is COMPLETE!