



**TOWN OF PINETOPS YOUTH  
 BASKETBALL PROGRAM  
 REGISTRATION FORM**

Players Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (Phone Number & Name): \_\_\_\_\_

Medical Information (allergies, special meds, instructions, etc.): \_\_\_\_\_

PLEASE CIRCLE PROPER CHOICES BELOW

Boy	Ages	5 6	Girls	Ages	5 6
		7 9			7 9
		10 12			10 12
		13 15			13 15

**Permission, Release, and Assumption of Risk**

In Consideration of my child being allowed to participate in the Youth Basketball sponsored by the Town of Pinetops. I hereby assume all risks and release the Town of Pinetops, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. For the safe enjoyment of this program by all participants. The Town of Pinetops staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them. I hereby grant permission to the Town of Pinetops to use, for promotional purpose, photographs and video images taken of my child while participating in this program.

In the event my child is injured and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the Town of Pinetops staff to hospitalize, secure proper treatment of medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician of medical personnel selected to provide treatment deemed necessary by them.

Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

**Please return form to the Town Of Pinetops by not later than November 11th, 2017**