



**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