

T. E. A. M. Basketball

Player & Family Information Form

* Players Name _____ NO: _____

* Parents / Guardians Name _____

* Address _____

* City _____

* State _____

* Zip Code _____

I would be interested in helping as a COACH YES or NO or MAYBE Name _____

I would be Interested in helping as TEAM MANAGER YES or NO or MAYBE Name _____

* Phone (Main) _____

Phone (Secondary) _____ Name _____

Phone (Secondary) _____ Name _____

Email (Main) _____ Name _____

Email (Secondary) _____ Name _____

Email (Other) _____ Name _____

* Birthday (MM/DD/YY) _____

* Current School Year Grade _____

* Emergency Contact (Primary) _____

* Relationship to Player _____

* Phone _____

Emergency Contact (Alternate) _____

Relationship to Player _____

Phone _____

I _____ hereby give my permission for _____ to practice and play for T.E.A.M. Basketball. I understand that there are always risks associated with any competitive physical activities such as those I understand to be associated with TEAM Basketball and waive my right to prosecute the volunteers that will be working with my child. To the best of my knowledge my child has no physical ailments or health reasons that might consider them being precluded from participating in TEAM Basketball activities.

Signature _____ Date _____

Relationship to Player _____