



PLAYER INFORMATION:

(Last, First) _____ Parent Cell #: _____ Player Cell#: _____

E:Mail: _____ DOB: _____ Age: _____ Age on Sept. 1st _____

Grade for 20 _____ School Year: _____ Height: _____ Weight: _____ Jersey Size _____ Short Size _____

PREVIOUS BASKETBALL EXPERIENCE: Did you play on an AAU or School basketball team last season? Yes or No (Circle one) If yes, what was name of your AAU and or School Team? (7th, 8th, JV, etc.) _____

Coaches Name? _____ Coach Contact # _____ what position(s) do you play?

_____ Avg. points per game? _____ Note any Awards or Achievements _____

WAIVER and EMERGENCY CONTACT INFO: Guardian Name _____ Cell# _____

E-Mail _____ HM Address: _____

I understand that Faith Based Sports (FBS) is a not for profit organization and that FBS, its partners, coaches, staff and outside organizations whose facilities are utilized for FBS sports programs, events and activities cannot assume responsibility for losses, damages or injuries which may occur as a result of participation in this program; which includes but is not limited to sports related activities, games, travel, tournaments, practices, and workouts. To the best of my knowledge, my child is physically fit for participation in this sport, and is neither seeing a physician for any sports injury nor being treated with any medication or has a health condition that may affect his or her performance. (If your Child has an existing health condition you will need to provide a letter from their physician approving him or her for Participation in "rigorous and competitive sports activities") MEDICAL AUTHORIZATION AND RELEASE: We, guardian(s) for (Player Full Name) _____, do hereby release and hold harmless FBS and any of its directors, coaches, medical attendants, adult leaders, partners, staff, volunteer assistants or outside organizations whose facilities are utilized for FBS sports programs, events and activities from any and all liability for all losses, damages or injuries occurring as a result of our child's participation in FBS sports programs and activities. We further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of medical emergency. We understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for our child to participate in the FBS Sports Program. Furthermore, we hereby authorize, in the event our child suffers injury, any director, coach, medical attendant, or adult leader of the FBS Sports Program to consent to emergency medical treatment for our child when we cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director or coach of the FBS Sports Program to give specific consent to any and all such examination, treatment, or examination or treatment and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. This authorization is given in advance of any specific hospital care. I the undersigned legal guardian and or Parent of the above listed player have read, understand and accept the Medical Authorization and Release Waiver above.

Parent/Guardian (s) Signature _____ Date _____

PAYMENT INFO: \$20 Registration Fee – (Checks/Money Orders made payable to Faith Based Sports)

Date Paid: _____ Cash, Check, Money Order (Circle One) Received By: _____