

**GULF COAST BASKETBALL
PLAYER REGISTRATION FORM**

Registration Fee: \$40.00 (Fee Includes membership fees and insurance)

*******Fee must be paid prior to participation in any events*******

Name: First: _____ Last: _____	Address: _____ City: _____, State: _____
Age: _____ Date of Birth: ____/____/____	Grade: _____ Gender: Boy/Girl (circle one)
Phone: Home: _____	Cell: _____
PARENT/GUARDIAN Print Name: _____	Home Phone: _____ Cell Phone: _____
Medical Emergency Contact Info Emergency Contact: _____ Relationship to Player: _____ Phone: _____	Insurance Carrier: _____ Policy #: _____

MEDICAL WEAVER

Liability Waiver: Basketball presents certain inherent risks and hazards, which the Player-participant and parent/guardian are urged to consider and which the Player assumes. To the best of my knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation unless noted above. I, the undersigned parent/guardian for the above named Player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Gulf Coast Basketball, its sponsors and its coaches, managers, club officers and directors, and the Picayune School District from all claims, actions, or losses related thereto. Gulf Coast Basketball, assumes no liability for injury or damage arising from the results of participation

Medical Treatment Release: Due to the strenuous nature of basketball, the Player participant is urged to consult her physician concerning her fitness to participate. I, the undersigned parent/guardian for the above named Player hereby approve of my child's participation in the Classics Basketball program and consent to emergency medical treatment for my child on my behalf. I also authorize any AAU-registered adult of Gulf Coast Basketball to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible. My health insurance information has been provided above.

Parent /Guardian Signature: _____ Date: _____