

Tecumseh Youth Basketball Registration

NAME _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ WORK/CELL # _____

E-MAIL _____ SCHOOL _____

GRADE: 3rd 4th 5th 6th

SHIRT SIZE: Youth Size _____ or Adult size _____

PARENT/GUARDIAN _____

EMAIL ADDRESS _____

Any family member/friend willing to coach? IF YES, Name _____

MEDICAL RELEASE

PARENT OR GUARDIAN AUTHORIZATION

IN CASE OF EMERGENCY IF FAMILY OR FAMILY PHYSICIAN CANNOT BE REACHED I HEARBY AUTHORIZE MY CHILD TO BE TREATED BY CERTIFIED EMERGENCY PERSONNEL [I.E. EMT, FIRST RESPONDER, E.R. PHYSICIAN]

FAMILY DOCTOR _____ PHONE _____

HEALTH INSURANCE COMPANY _____

HEALTH POLICY NUMBER _____

HOSPITAL PREFERENCE _____

EMERGENCY CONTACT

NAME _____ PHONE _____ RELATIONSHIP TO PLAYER _____

NAME _____ PHONE _____ RELATIONSHIP TO PLAYER _____

LIST ANY ALLERGIES/MEDICAL PROBLEMS INCLUDING THOSE REQUIRING MAINTENANCE MEDICATION [I.E. DIABETIC, ASTHMA]

LIST ANY OTHER CONDITIONS YOU FEEL THE COACHES SHOULD KNOW ABOUT YOUR CHILD

BY SIGNING I/WE THE PARENTS OR GUARDIAN OF THE ABOVE NAMED PLAYER GIVE MY APPROVAL TO PARTICIPATE IN TECUMSEH YOUTH basketball OR SPECIFIED SPORTING ACTIVITY. I/WE KNOW THAT PARTICIPATING IN ANY SPORT MAY RESULT IN SERIOUS INJURY AND THAT PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES TO PLAYERS, AND DO HEREBY WAIVE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS COACHES, TECUMSEH PUBLIC SCHOOLS, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD TO AND FROM ACTIVITIES FOR ANY CLAIM ARISING OUT OF ANY INJURY TO MY/OUR CHILDREN; WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE. I GIVE MY PERMISSION FOR MY CHILD'S PHOTO TO BE USED BY TECUMSEH PUBLIC SCHOOLS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Deadline is October 19th. There will be a \$20 late fee for registration after the deadline!

