

CBAA Basketball Registration

Player's Name _____ Grade _____ Birthdate _____

Address _____

Home Phone Number _____ School Attending _____

Mother's Name _____ Home Phone # _____

E-mail Address _____ Cell Phone # _____

Preferred Method of Contact: Phone _____ Text _____ E-mail _____

Father's Name _____ Home Phone # _____

E-Mail Address _____ Cell Phone # _____

Preferred Method of Contact: Phone _____ Text _____ E-mail _____

Team Played on Last Year _____ Girls _____ Boys _____

Emergency Information

First Contact _____ Phone # _____

Second Contact _____ Phone # _____

Hospital Preference _____ Family Doctor _____

List any allergies or medical conditions that the coach should be aware of:

In the event that the above named individuals cannot be reached in an emergency, I hereby give my permission to the attending physician to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery to my child.

Signature of Parent or Guardian

Date

I hereby consent for my child to participate in programs sponsored by the Columbia Boy's Athletic Association. I agree that my child and I will comply with the rules and regulations of the CBAA and understand to not do so will result in the loss of privileges of participating in the CBAA programs. I understand that injury can be sustained while playing and hereby release the CBAA, officers, directors, commissioners and coaches from liability for any injuries that my child may sustain.

Signature of Parent or Guardian

Date

I have read and understand the CBAA Registration Refund Policy _____

Signature of Parent or Guardian

Paid in Full _____
Board Member Signature

Fundraiser _____
Signature of Parent or Guardian

<u>Uniform Size</u>
Jersey Size _____
Short Size _____
Shooting Shirt _____