

Charlotte Sonics 12U AAU Basketball Team

Registration Form

Child's Name: _____ Gender: _____ D.O.B. _____

Address: _____

Father's Name: _____ Work Number: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Mother's Name: _____ Work Number _____

Home Number: _____ Cell Number: _____

Email Address: _____

Physician Name: _____ Physician Number: _____

Insurance Company Name: _____

Phone Number: _____ Policy Number: _____

My child is in good physical and emotional health, and amenable to normal basketball authority to participate in the Charlotte Sonics Basketball Team. I agree to waive any and all claims against persons connected with Charlotte Sonics Basketball Team. This should also serve as permission to have your child transported and to receive all emergency health care attention if a situation does arise. We will give every effort to have adequate supervision. Charlotte Sonics Basketball Team reserves the right to remove any child from the program. This is for the safety and well being of all students and staff.

_____ Initial

Parent Signature

Date

