



## Ralph Brooks Community Youth Basketball League Registration Form

### Program & Enrollment Information

Facility Name	Program Name	Season/Year
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### Youth Participation Information

First & Last Name		Date of Birth		Age
Residential Address		City	State	Zip
Home Phone	Cell Phone	Email		
Race (Circle One) <div style="text-align: center; margin-top: 5px;"> <span>Black/African American</span>   <span>White/Caucasian</span>   <span>Asian</span>   <span>Hispanic</span>   <span>Other</span> </div>				
School Name		Student ID Number		
Grade (Circle One) <div style="text-align: center; margin-top: 5px;"> <span>K</span>   <span>1st</span>   <span>2nd</span>   <span>3rd</span>   <span>4th</span>   <span>5th</span>   <span>6th</span>   <span>7th</span>   <span>8th</span>   <span>9th</span>   <span>10th</span>   <span>11th</span>   <span>12th</span> </div>				
Shirt Size <div style="text-align: center; margin-top: 5px;"> <span>Child's Small</span>   <span>Child's Medium</span>   <span>Child's Large</span>   <span>Adult Small</span>   <span>Adult Medium</span>   <span>Adult Large</span>   <span>Adult X-Large</span>   <span>Other</span> </div>				

### Parent, Guardian and Emergency Contact Information

First & Last Name	Relationship
Email Address	Phone
First & Last Name	Relationship
Email Address	Phone
First & Last Name	Relationship

**Emergency Clause**

In the event I cannot be reached in an emergency, I hereby give my permission to league officials to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.		
Signature of the responsible party	Relationship	Date

**Media Release**

In hereby grant permission to record my child's/ ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of the Ralph Brooks Community Basketball League in related campaigns and magazine articles, booklets, posters, and in any other ways they may see fit.		
Signature of the responsible party	Relationship	Date

**Official Alerts**

Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our league officials to know.

I hereby agree to allow my child to participate in the Ralph Brooks Community Youth Basketball League and understand **that the league will provide no medical insurance coverage**. In agreeing to participate in the program, as a parent or guardian of a participant, I and/or the participant do hereby affirm that the general health of the participant is good and that the participant is capable of performing an activity of this nature.

In consideration of participating in this activity, I and/or the participant do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability action, cause of actions, claims, and demands of every kind of nature whatsoever that I and/or the participant have or which might arise in connection with my participation in this activity, the Ralph Brooks Community Basketball League and all league officers, coaches and volunteers.

I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment, if necessary, and agree to allow for immediate first aid to the injured participant when deemed necessary.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_