

# Basketball League Event Registration

## Athlete Information

Player's Name

Age

Phone Number

Gender

Address

E-mail

Basketball skill level

*Please indicate your skill level in detail. League organizers will form teams base on your skill level.*

## Emergency Contact & Health Insurance Information

Emergency Contact's Name

Relationship

Phone Number

Do you have health insurance?

Do you have any allergies, chronic illness, or medical conditions that would limit high level activity?

Please describe

## Permission For Emergency Treatment

Name of Physician / Emergency Medical Care Facility    Address

Phone Number

## Release of Liability

I understand and acknowledge that participation in the basketball event involves inherent risks, including but not limited to bodily injury, property damage, and other dangers associated with playing basketball. I voluntarily assume all risks associated with my participation in the event, including risks that may arise from the negligence or carelessness of other participants, spectators, or organizers.

I hereby release, waive, discharge, and covenant not to sue Event Organizer, its officers, directors, employees, volunteers, agents, and representatives from any and all claims, liabilities, damages, losses, or expenses, including but not limited to medical expenses, arising out of or in any way related to my participation in the basketball event, whether caused by the negligence of the released parties or otherwise.

I have read and agree to the above conditions.

Confirmation E-mail

Name

Date

Signature

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