

# JR. HUSKY HOOPS

BUILDING A TRADITION ONE PLAYER AT A TIME!

## PLAYER REGISTRATION FORM

Participant Name: \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
First Middle Initial Last

Mailing Address: \_\_\_\_\_  
Street City Zip

Home Phone Number: \_\_\_\_\_

Parents: \_\_\_\_\_  
Mother's Name Work or Mobile Phone# Father's Name Work or Mobile Phone#

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F)

In-House T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Email Address(es): (1) \_\_\_\_\_

**Please Print Clearly!** (2) \_\_\_\_\_

(To be used for team communications and other notifications)

Medical Conditions of Note: \_\_\_\_\_

### Player Participation Interest

All players must play in the in-house program to play on a travel team

In-House Basketball			
Grade	Boys	Girls	Fee
K			\$50.00
1 <sup>st</sup>			\$50.00
2 <sup>nd</sup>			\$50.00
3 <sup>rd</sup>			\$50.00
4 <sup>th</sup>			\$50.00
5 <sup>th</sup>			\$50.00

Travel Team Basketball			
Grade	Boys	Girls	Fee
2 <sup>nd</sup>			\$60.00
3 <sup>rd</sup>			\$60.00
4 <sup>th</sup>			\$60.00
5 <sup>th</sup>			\$60.00

1. Travel teams will be determined by a one-day tryout.
2. All travel team players will have one (1) practice and one (1) game per week with their in-house team.
3. All travel team players will have a minimum of one (1) practice and one (1) game per week with their travel team.
4. The travel team fee is in addition to the in-house fee.

Amount Paid \$: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash \_\_\_\_\_

Please make checks payable to: **Jr. Huskies Basketball**

**Complete & Sign Other Side**

## Player Information Publication Consent

\_\_\_\_\_ **YES**, I give consent for the registrant's information to be published in, but not limited to, athletic programs, newspaper releases and newsletters. Students' pictures may also be used to show sports activities on a website or media publication, but students would not be directly identified by name without prior written consent. No student identifiable information will be used on a website without parental consent.

\_\_\_\_\_ **NO**, I do not give consent for the registrant's information to be published in anyway.

## Consent for Medical Treatment

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent or Legal Guardian:

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Waiver of Liability

In consideration of the athletic opportunities provided by the Jr. Huskies Basketball program, I do hereby release or otherwise indemnify the Jr. Huskies Basketball program, its affiliated organizations, all sponsors whether of the Jr. Huskies Basketball program or Affiliated organizations, their employees, volunteers and associated personnel, including the owners of the facilities utilized for the Jr. Huskies Basketball program, against any and all claims by or on behalf of the registrant, his estate or any other party claiming on his behalf as a result of the registrant's participation in the Jr. Huskies Basketball program and/or being transported to and from such programs or related activities. The undersigned, as parent or legal guardian, acknowledges that in any athletic endeavor there is significant risk of injury including the possibility of permanent disability and even death. I have read this release and assumptions of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

I, the undersigned as parent or legal guardian of the registrant, do hereby give my consent to the registrant's participation in programs and activities of the Jr. Huskies Basketball program.

Parent or Legal Guardian:

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Acknowledgement of Physical Required

Has your child received a physical from a medical physician during the current calendar year?      YES      NO

By initialing on the line below, I do hereby acknowledge that a physical by a medical physician for my child is required prior to the commencement of practice. My son/daughter will comply with this requirement.