

Connecticut Cobras



2020 COBRA ACCEPTANCE MEMBERSHIP FORM

www.ctcobras.com 860-798-4455

Ct. Cobras Durham Ct. P.O. Box 375 06422



Please Print

Player Membership Fee: None Refundable \$500.00. Due 5 days after Accepting position on team 2020

Check # _____ Amount of Check _____



Player Final Membership Fee Due On, Or Before February 1st, 2020

PLAYER'S COACHES NAME: _____ GRADE _____

PLAYERS NAME:

Last _____ First _____ M _____ F _____

Street _____ Town _____

Zip _____ School Attending _____

Birth Date _____ Grade as of 01/01/20 _____ Player Age as of 01/01/20 _____

Basketball Position _____ Height _____

Phone _____ Cell _____

Mother's Name _____ Father's Name _____

E-Mail _____

Allergies/Medical Conditions/Medicines

I understand that participation in this (these) programs(s) involve risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Ct. Cobras, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release are applicable to any and all of my dependents that take part in this (these) programs (s). (Release applicable to phone registrations as well).

I GIVE PERMISSION FOR MY DAUGHTER TO BE PHOTOGRAPHED FOR THE CT. COBRA WEB SITE. YES _____ NO _____

Signature of Parent _____ Date _____