



BASKETBALL

Registration Form

Please fill out and return along with payment

www.gameonbball.com

818-744-4131

Name of Player: _____

Birthdate: _____ Age: _____ Grade: _____

Contact Information:

Parent/Guardian Name _____ Player lives with _____

Parent/Guardian Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

Family Physician _____ Phone _____

Insurance Company _____ Name on Policy _____

Policy # _____ Place of Employment _____

Allergies _____ Last Tetanus Shot _____

Any medications or medical conditions to be aware of: _____

Emergency Contact:

Name _____ Phone # _____ Relationship _____

I hereby certify that my child is in good health and may participate in all activities. I will not hold Game-On Basketball responsible in the event of an accident or injury as a result of his/her Participation, I also give permission for my child to be given emergency treatment at a local hospital. I understand the potential risk of injury involved in playing basketball, and will not hold any staff member responsible at Game-On Basketball for such injury.* I also understand that there will be no re-funds following 3 days of the initial sign-up!

Parent/Guardian Signature _____ Date _____

Signed: _____ Date: _____

Print: _____

*All payments are due on the 1st of every month either in person or vis-paypal through our website! www.gameonbball.com