

*Tennessee Xtreme Basketball
Registration/ Medical Release*

PLAYER NAME: _____
(FIRST) (MIDDLE) (LAST)

PARENTS NAME: _____
(FATHER OR GUARDIAN)

(MOTHER OR GUARDIAN)

PARENTS ADDRESS: _____

(CITY) (STATE) (ZIP)

PHONE NUMBERS: _____
(HOME NUMBER W/ AREA CODE)

(CELL NUMBER W/ AREA CODE)

DATE OF BIRTH: _____
(MONTH) (DAY) (YEAR)

AGE: _____

Is your child covered with Health Insurance: _____
(YES/NO)

I understand that my participation in Basketball activities involves risk and dangers of serious and permanent bodily injury or death. I, as a parent/guardian do hereby release, hold harmless, discharge, and agree not to sue AAU, YBOA, or Tennessee Xtreme Basketball, its Clubs, Directors, Officers, Employees, Coaches, and Officials from all liability from my child's participation in these activities as well as travel, lodging, and other events.

PLAYER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

If your child has medical problems the coach should know about list below: