



## ABA Registration Form (7 & 8 Boys & Girls)

Fee: **\$125.00**



### Player information

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School attended: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Any known medical condition: \_\_\_\_\_ (y/n)

If yes please explain: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### Insurance information

The ABA does not provide insurance so below list your insurance information:

Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_

Policy and or ID #: \_\_\_\_\_

If you cannot provide insurance please read and sign the following:

We understand that the player named above is participating without insurance and in case of any injury that may occur we waive the right to take any legal action against The ABA or any person, organization or facility affiliated with such named league.

Signature of Parent / guardian \_\_\_\_\_

I / WE THE PARENT (S) / GUARDIAN (S) OF THE ABOVE MENTIONED YOUTH, HEREBY GIVE PERMISSION FOR HIS /HER PARTICIPATION DURING ANY AND ALL ACTIVITIES RELATED TO THE SPORT IN WHICH WE HAVE SIGNED UP TO PARTICIPATE IN. I / WE HAVE NOTIFIED THE ABA AS TO ANY HEALTH RISKS OUR CHILD MAY HAVE. I / WE ASSUME ALL RISKS AND RESPONSIBILITIES COINCIDENTAL TO THE CONTACT AND EXERCISE DURING AND AROUND THE ACTIVITY. WE FULLY RELEASE THE ABA AND ALL ITS STAFF, VOLUNTEERS, SPONSORS, SUPERVISORS OR ANY ONE CONNECTED TO THE ABA IN ANY WAY FROM ANY AND ALL FORMS OF LIABILITY. I / WE ALSO CONSENT TO ALLOW THE ABA THE RIGHT TO TRANSPORT THE ABOVE MENTIONED YOUTH WHEN AND IF NEEDED. WE ALSO WILL ALLOW THE ABA THE USE OF ANY PHOTOSTAKEN OF THE ABOVE NAMED YOUTH DURING BASKETBALL ACTIVITIES.

Parent / guardian signature: \_\_\_\_\_ Date \_\_\_\_\_