



# Basketball Club Membership Application/Information



**Player info:** \_\_\_\_\_ **New** \_\_\_\_\_ **Returning**

Name: \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

Allergies/ Medical conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_

### **Parent Contact Information:**

Mother's Name: \_\_\_\_\_ Mother's email: \_\_\_\_\_  
Mother's Phone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Father's Name: \_\_\_\_\_ Father's email: \_\_\_\_\_  
Father's Phone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

### **Emergency Information:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #'s: \_\_\_\_\_ or \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_  
Plan or ID #: \_\_\_\_\_

Physician/Medical Group: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### **Consent for medical treatment (minor)**

As the parent /legal guardian of the above-named player, I hereby give 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. The undersigned parent/guardian understands that he/she is responsible to pay all costs incurred as a result of the foregoing.

#### **Signature of Parent/Legal Guardian**

X \_\_\_\_\_ address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ home phone: \_\_\_\_\_

### **Release**

I, the parent/legal guardian of the above named-player, a minor, agree that the player shall abide by the rules and regulations of the Amateur Athletic Union (AAU) organization, the Pacific Amateur Athletic Union (PAAU) and the Folsom Force Basketball Club. I, for myself and the player and their respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the AAU, PAAU, and the Folsom Force Basketball Club, its coaches, assistants, the owners and operators of the facilities used for the programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the players participation in the Programs including, without limitation, players transportation to/from any program, which transportation is hereby authorized. I further grant, the Folsom Force Basketball Club parties, the right to use the player's name, picture and/or likeness in printed, broadcast and their material concerning the programs provided such use is related to the player's status as a participant in the programs.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

### **Registration fees/Official use only**

Initial payment \$ \_\_\_\_\_ Check#/Cash/Date \_\_\_\_\_  
Installments: \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_