



**ADDISON GIRLS SPORTS PROGRAM**  
**BASKETBALL REGISTRATION FORM 2012**

**Player Information:**

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email \_\_\_\_\_ School \_\_\_\_\_  
 List Any Medical Issues \_\_\_\_\_  
 Years Basketball Played Before \_\_\_\_\_  
 Shirt Size \_\_\_\_\_ YS YM YL YXL AS AM AL AXL AXXL  
 Other Family Members Playing Name \_\_\_\_\_ Grade \_\_\_\_\_

**Family Information:**

*\*make sure email is legible\**

Primary Guardian \_\_\_\_\_ Primary Email \_\_\_\_\_  
 Primary Mobile \_\_\_\_\_ Text Capable Yes / No  
 Secondary Guardian \_\_\_\_\_ Secondary Email \_\_\_\_\_  
 Secondary Mobile \_\_\_\_\_ Text Capable Yes / No  
 I wish to volunteer as (circle one)      Coach      Coach Assistant      Team Mom/Dad      Sponsor

**Emergency Contact Information:**

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

**Required Documents:**

Fee Schedule \$75 1<sup>st</sup> child, \$65 sibling, Free 2nd sibling      Check # \_\_\_\_\_  
 Birth Certificate Provided      Yes / No

**Waiver:**

I / We the parents of the above named girl hereby give my / our approval to her participation in any activities of the Addison Girls Sports Program during the current season. I / We assume risks incidental to the conduct of these activities and transportation to and from the activities. I / We do further release, absolve from indemnity and hold blameless the Addison Girls Sports Program Inc., the organizers, the sponsors, or any supervisors appointed by them. I / We likewise release from responsibility any person transporting my/our daughter to or from the activities. I / We will furnish a birth certificate for the above player upon league request of the League Officials.

Primary Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_