



Summer 2009

Registration Information

PLAYER INFORMATION (please print clearly) Grade ('08-'09) _____

Name _____ School _____

Address/Zip _____ Phone# _____

Medical conditions (i.e. asthma) _____ Date of Birth _____

PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Name _____ Phone# _____

Address/Zip (if different from above) _____

Father's/Guardian's Name _____ Phone# _____

Address/Zip (if different from above) _____

Can we call you on your cell phone? Yes No Cell Phone# _____

Best email address to send information _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Player _____ Phone# _____

LIABILITY WAIVER

**I, the undersigned parent or legal guardian of the above named player, recognizes that basketball can be a dangerous activity, yet I wish to assume all risks associated with participation in practices, leagues, tournaments and games. I further acknowledge and understand that travel to/from games/practices is necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above referenced risks, I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge and/or otherwise indemnify Madison Stars Basketball Club, Inc., their coaches and staff, directors and officers, league and tournament sponsors, volunteers to any claims and cause actions by or on behalf of the registered player and his/her parents or legal guardians.

**With full knowledge of the risks of injury in the game of basketball, I hereby authorize the medical treatment to my child for any injury or other medical emergency while participating in basketball. My child and I hereby release, hold harmless and indemnify the persons for any injury or damage related to administration of emergency medical care as authorized herein.

****Consent for name/picture use:** I give my permission to have my child's name, photo and/or video used for publicity purposes (brochures/website).

_____ _____

Parent/Guardian Signature Date