



# **MERRITTING ATTENTION BASKETBALL CLUB**

## **S.A.D.B.C. Registration Form**

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: Circle One Circle One  
Adult / Youth S M L XL

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cellular #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Family Hospitalization Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **CONSENT TO USE NAME AND PHOTOGRAPH**

By signing below, applicant, parent, or guardian hereby gives permission to the above-named individual to participate in activities with **MERRITTING ATTENTION BASKETBALL CLUB** Further, in consideration of the privilege to participate, applicant and parent/guardian by signing hereby gives consent to use at the discretion of **MERRITTING ATTENTION BASKETBALL CLUB** all media, or photo's taken of the above named applicant in connection with **MERRITTING ATTENTION BASKETBALL CLUB** together with such applicant's name.

### **RELEASE FROM LIABILITY**

I, the undersigned, hereby release **MERRITTING ATTENTION BASKETBALL CLUB** and all persons associated with this basketball event in any capacity, from any liability due to injuries, etc. that may incur as a result of my attendance and/or participation at the above specified event.

Further, in consideration of the privilege to participate, applicant, parent, or guardian hereby for ourselves, our heirs, executors and administrations release **MERRITTING ATTENTION BASKETBALL CLUB** and it's agents, employee's representative, and assigns from any and all liability, loss, damages, cost, claims, and/or causes of action, including, but not limited to, bodily injury, including transportation to or from activities, that either of us may have arriving out of the above-named applicant in the **MERRITTING ATTENTION BASKETBALL CLUB - STUDENT-ATHLETE DEVELOPMENTAL BASKETBALL CAMP.**

I have read, understand and agree to abide by the rules associated with this event and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said **MERRITTING ATTENTION BASKETBALL CLUB - STUDENT-ATHLETE DEVELOPMENTAL BASKETBALL CAMP.**

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Required under 18 years of age)*

**\*\*For Office Use Only\*\***

**Method of Payment: Cash /Check or Money Order/ Credit Card**

**Camp Fee: \$130.00 (Non-Refundable)**

**Amount Paid:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

MC/Visa/Amex (Circle one)

Acct #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date \_\_ \_\_/\_\_\_\_/\_\_\_\_ CID# \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_