



MERRITTING ATTENTION, INC

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

Student's Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____
(circle one) (circle one)

School: _____ Grade: _____ T-Shirt Size: Adult / Youth S M L XL XXL

Home Number: _____ Allergies: _____ Medications: _____

Mother's Name: _____ Phone Number: _____ Email: _____

Father's Name: _____ Phone Number: _____ Email: _____

In Case of Emergency, Please Contact:

Name: _____ Relationship: _____ Phone Number: _____

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

RELEASE FROM LIABILITY

I, the undersigned, hereby release **MERRITTING ATTENTION, INC.** 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, INC.** 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, INC. 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, INC STUDENT-ATHLETE DEVELOPMENTAL BASKETBALL CAMP.**

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(Required under 18 years of age)

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

Method of Payment: Cash /Check/ Money Order

Registration Fee: \$10.00 and Tuition: \$50.00: Amount Paid: _____ Balance Due: _____