

Marnel C. Moorman Sr. Family Life Center

Youth Basketball League 2012 Registration Form "For where the treasure is, there will your heart be also." Mt. 6; 21

Please Print

Last Name		First Name		
Date of Birth		Age		Gender

Address

City

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State

Zip Code

Phone Number Hm.

Cell Phone Number

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Shirt Size (Circle One)

YS YM YXL AS AM AL AXL AXX

Parents/Guardian Information

Last Name		First Name	

Relationship

Phone Number

I Can Do The Following (Circle One)

		<input type="checkbox"/> Coach <input type="checkbox"/> Referee <input type="checkbox"/> Score Keeper
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EMERGENCY CONTACT INFORMATION

Doctors Name	Doctors Phone Number

Allergies/Health Issues

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WAVIER AND INFORMED CONSENT STATEMENT

In consideration of my child's participation in the activities of the Marnel C. Moorman Family Life Center, I do hereby declare him/her to be medically able to participate in the youth basketball league. I understand that there are risks which may include injury in this sport and I agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities undertaken. I agree not to hold MCMFLC liable. I have been appraised of and acknowledge the particular hazard and potential danger involved in my child's participation in the 2012 Youth Basketball League

Parents

Signature: _____ Date: _____

