

SFV Rush YOUTH BASKETBALL 2018/2019 REGISTRATION FORM

Please print clearly. Parents may only register their own children. Please complete a separate form for each child.

Grade as of December 1, 2018: _____										
Player's Name: _____			/		/		_____			
First					MI		Last			
Address: _____										
No. & Street							City		State	Zip
Birth date (MM/DD/YY): _____			/		/		_____			
			Circle Gender:		Male	Female				
Height: _____		Circle uniform size: (Youth) Y-M Y-L Y-XL (Adult +\$5) A-S A-M A-L A-XL A-2XL								

Father's/Guardian's Name: _____ Cell Phone: _____

Mother's/Guardian's Name: _____ Cell Phone: _____

Contact E-mail Address: (Email 1:) _____ (E-mail 2:) _____

Would you allow your child to move up or down a league if room and skill allow it? Yes No

List any medical problem or prohibitions player has: _____

Person to notify in emergency: _____ Relation: _____ Phone: _____

Doctor to notify in emergency: _____ Phone: _____

Other children of family playing in the same league: Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parental Support: We need active participation from parents/legal guardians in our program. Please consider volunteering and check those area(s) in which you would be willing to help.

Coach
 Assistant Coach
 SSS'HYLb 'A ca
 Team Sponsor (\$150.00)

WAIVER OF LIABILITY & CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of San Fernando Valley Rush and its agents. Recognizing the possibility of physical injury associated with the Program and in consideration for the San Fernando Valley Rush accepting the registrant for its youth league, I hereby release, discharge and/or otherwise indemnify San Fernando Valley Rush, its agents, sponsors, their employees associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. As well, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I/We, the parents/guardians of the above named child, do hereby give consent to San Fernando Valley Rush to use any photos taken at any event of my child for marketing and/or publicity purposes.

I/We, the parents/guardians of the above named child, have received and read the parent code of conduct and agree to abide by its rules.

Print Name: _____ Signature: _____ Date: ____/____/____

Parent/Legal Guardian: **Contact information same as above** **Contact information different from above** (Complete the following)

Address: _____

No. & Street

City

State

Zip

Phone No.: _____

Home

Cell or Work

FOR SFV RUSH OFFICE USE ONLY

Date: ____/____/____ Amount Paid \$ _____ Check #: _____ Receipt #: _____ Staff Initials: _____

Division number _____ Total Number _____