2016-2017 Competitive Glencoe Girls Youth Basketball Registration Form

Please Complete All I	<u>ınıomation in Each Section -</u>	- piease write clearry
Player's Name:	Grade:	School:
Street Address:		
City, State, Zip:		
First Parent/Guardian Information	<u>:</u>	
Name:	Home Phone:	
Work Phone:	Cell Phone:	
EMAIL:		
Second Parent/Guardian Informat	ion:	
Name:	Home Phone:	
Work Phone:	Cell Phone:	
EMAIL:		
Emergency Information:		
Name:	Relations	ship:
Emergency Contact Phone #:		
Medical Information:		
Medical Insurance Carrier:	Policy #:	
Primary Doctor:	Preferred Hospital:	
Insurance & Liability Disclaimer – By sign Basketball are required to have their own insurance requirements or for injuries that me I/we release the Glencoe Girls Youth Basket injuries sustained during the Glencoe Girls Youth Basketball player has no medical problems that would player has no medical problems are voluntary and youth Basketball if paked to ising a top medical problem.	surance. Glencoe Girls Youth Bas hay occur during any tryout, practic stball and the Hillsboro School Dist Youth Basketball Season/Event(s). I. I/we realize that basketball is a c prevent participation. titive Glencoe Girls Youth Basketb ad should be respected as such. C	sketball will not be responsible for the ce, game or event. By signing this waiver, rict from any and all liability for accidents or . I/we authorize my child to participate in ontact sport and have ensured that the all is to support future athletes of Glencoe commitment to Competitive Glencoe Girls
Youth Basketball, if asked to join a team, inc tournaments which include both Saturday as program.	nd Sunday events, as well as a mo	
I/we sign the release on behalf of my child a		
PARENT/GUARDIAN SIGNATURE:		DATE: