



Campbell Junior Basketball Registration Form

Complete form and bring it with you on Tryout date. Thanks

Tryout#: _____

Contact Information

Player's Name: _____

Grade: _____ Boy: _____ Girl: _____ Age: _____ Birth Date: _____

School: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Player's Cell: _____ Player's Email: _____

Mother's Name: _____ Cell: _____ Email: _____

Father's Name: _____ Cell: _____ Email: _____

Release for Medical Treatment

Name to be notified in case of emergency: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Is Tetanus shot current? _____ Date: _____

Allergies: _____

Physical concerns staff should be aware of: _____

I hereby authorize medical treatment for: _____

Player's Name

Please Read and Sign the Following Statement:

I recognize there are inherent risks involved in this sport activity. In consideration of the services provided, I hereby release and hold harmless Cobb County, Cobb County Schools, Campbell Junior Basketball Program and coaches, City of Smyrna, and its directors, employees and agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while attending basketball sessions or events or occurring as a result of having attended any basketball sessions or events. I certify that my child is in good health and is able to participate in all program's activities. Furthermore, in the event of an emergency requiring medical attention, I shall pay for the services rendered.

Date: _____

Parent Signature _____