

TARMAC BASKETBALL REGISTRATION FORM

www.tarmacbasketball.com

NAME:		_GEND	ER:	GR/	ADE:_	AGE	·
ADDRESS:							
CITY:	ZIP:						
PARENT/GUARDIAN'S NAME:							
PARENT/GUARDIAN'S PHONE			PHONE#2	2:			
EMAIL ADDRESS:							
EMERGENCY CONTACT:			РНО	NE:		·	
FAMILY DOCTOR:	PHONE:						
HOSPITAL IN CASE OF EMERGENCY:		,					
ALLERGIES:							
SHIRT SIZE: (CIRCLE ONE) YOUTH: YS	ΥM	YL	ADULT	:	S	M	L
I GIVE PERMISSION FOR MY CHILD TO BE AND ADVERTISING PURPOSES ONLY:						-	ACEBOOI
SPECIAL NEEDS OR REQUESTS:							
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THE POSSIBILITY OF PHYSICAL INJURY ASS		_	_	_			JINIZL
BASKETBALL SPONSORED ACTIVITES, AND							SKETBALI
CAMP PROVIDING THESE ACTIVITIES DO F							
STAFF/VOLUNTEERS FROM ALL LIABILITY	FOR AN	Y INJUI	RIES SUST	TAINED	WHI	LE AT T	ΗE
TARMAC BASKETBALL CAMP AND/OR PAI	RTICIPAT	TING IN	I TARMA	C BASK	(ETBA	LL ACTI	VTIES.
SIGNATURE OF PARENT/GUARDIAN	-	DATE					
(Make checks Payable to The Tarma MOUNT PAID: DAT	-						