

## **TARMAC BASKETBALL REGISTRATION FORM**

## www.tarmacbasketball.com

	GENDER:	GRADE:	AGE:
SCHOOL CURRENTLY ENROLLED IN:			
ADDRESS:			
CITY:	ZIP:		
PARENT/GUARDIAN'S NAME:			
PARENT/GUARDIAN'S PHONE	PHONE#2:		
EMAIL ADDRESS:			
EMERGENCY CONTACT:	PHONE:		
FAMILY DOCTOR:	PHONE:		
HOSPITAL IN CASE OF EMERGENCY:			
ALLERGIES:			
I GIVE PERMISSION FOR MY CHILD TO BE PH AND ADVERTISING PURPOSES ONLY:	HOTOGRAPHED FOR YES		•
SPECIAL NEEDS OR REQUESTS:			
	/AD/FD		
	/AIVER	DECICEDANT	
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I,, THE PARENT AGREE AND WILL ABIDE BY THE RULES OF T POSSIBILITY OF PHYSICAL INJURY ASSOCIAT SPONSORED ACTIVITES, AND IN CONSIDERA	GUARDIAN OF THE CARMAC BASKETBALI TED WITH PARTIPATI ATION FOR TARMAC	I RECOGNIZ NG IN TARMA BASKETBALL F	E THE C BASKETBALL ROVIDING
I,, THE PARENT AGREE AND WILL ABIDE BY THE RULES OF T POSSIBILITY OF PHYSICAL INJURY ASSOCIAT SPONSORED ACTIVITES, AND IN CONSIDERA THESE ACTIVITIES DO RELEASE THE TARMA LIABILITY FOR ANY INJURIES SUSTAINED W	FIGUARDIAN OF THE FARMAC BASKETBALI FED WITH PARTIPATI ATION FOR TARMAC C, LLC AND ITS STAFF HILE PARTICIPATING	I RECOGNIZ NG IN TARMA BASKETBALL F VOLUNTEERS IN TARMAC B	E THE C BASKETBALL ROVIDING S FROM ALL
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