



REGISTRATION FORM

<u>SPORT</u>	<u>LEAGUE</u>	<u>AGE</u>	<u>Grade</u>
'16 Winter Basketball	BGCCC		

Participants Information:

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ - _____ - _____ School: _____

Parents Name: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

Circle One:

Jersey Size: YS YM YL AS AM AL AXL A2XL

Parent Consent and Release of Liability

The Boys & Girls Clubs of Collin County is committed to conducting its sports programs activities in the safest manner possible and holds the safety of participants in the highest possible regard. Parents registering their child in recreational activities should be aware of the risk of injury involved in any physical contact sport. The Boys & Girls Clubs of Collin County continually strives to reduce such risk and insist that all participants follow safety, rules and instructions designated to protect the participant's safety.

Please recognize that the Boys & Girls Clubs of Collin County does not carry medical accident insurance for injuries sustained in its programs, the cost of which would make program fees prohibitive. Therefore, each person registering their team/child or family member for the sports activity should review his/her own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Boys & Girls Clubs of Collin County automatically responsible for the payment of medical expenses.

I agree to waive and hereby fully release and discharge the Boys & Girls Clubs of Collin County and its officers and employees from any and all claims from injuries, damage or loss that my team or my child may have accrue to me or my team or child arising out of, connected with, or in any way associated with activities of the programs.

Parent's Signature _____ Date _____