

Manchester Boys Youth Basketball 2020

Player Name:(First)_____ (Last)_____

Address:_____ City:_____

Zip Code:_____ Contact Phone:_____

Birthday:_____ Age:_____ Grade:_____ Height:_____

Parent Guardian Information

Name: _____

Relationship To Athlete: _____

Phone: _____ Email: _____

Medical Information Emergency Contact Person: _____

Phone: _____

Doctor's Name: _____ Phone: _____

Type of Insurance: _____ Insurance Policy No. _____

Does the clinic participant have any health issues that the staff should be aware of? (Ex: allergies) If yes, please describe: _____

Please Check T-Shirt Size Box: Youth Small Medium Large X-Large Adult Small
Medium Large *Box must be checked to receive

MEDICAL WAIVER As parent(s) or guardian(s) of _____, a minor, in consideration of her/his participation in the Manchester Boys Basketball Clinic conducted by the Manchester Athletic Department, I/we acknowledge that participation in basketball may result in serious injuries, and protective equipment does not always prevent injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Manchester Boys Basketball Clinic, Manchester Athletic Department, the organizers, sponsors, supervisors and participants for any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we further acknowledge that the Manchester Boys Basketball Clinic maintains no accident insurance covering the participants in the Manchester Boy Basketball Clinic.

Parent/Guardian Signature: _____ Date: _____