

ATKINSON BASKETBALL REGISTRATION FORM

Male/Female

Child's Name Grade Teacher (circle one)

Child's Birth Date & Age Child's Height Please list any medical issues or allergies

Child's Medical Insurance Company/Policy Number Physician's Name & Phone Number

Parent/Guardian Name(s) Phone 1 Phone 2 Email Address

Emergency Contact Name(s) and Phone numbers

Has your child played basketball before? YES/NO If yes, how many years have they played? _____

If No, please review the attached New Player Clinic Information. Are you planning to register for the New Player Clinic? YES/NO

Due to special circumstances, such as carpooling or siblings, I would like my child to be on the same team as _____
(only one name please). We will do our best, but placement requests cannot be guaranteed. Please explain your circumstances:

WAIVER & CONDUCT AGREEMENT

_____ (child's name) has my permission to participate in the Atkinson Kids Basketball (AKB) program, a volunteer organization run by parents for kids. I understand that there is a risk of accidents resulting in bodily harm from participating in this activity. I understand the AKB program is planned with safety of participants in mind. I further acknowledge that my child has the physical capacity reasonably necessary to engage in the AKB program. However, I do hereby waive all claims which I might have against the volunteer coordinator, coaches, assistants, referees, and any other participants or their agents by reason of bodily injury which occur from my child's participation. In case of emergency, accident or illness, I give my permission for my child to be treated by a licensed medical professional and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses which are incurred on my child's behalf.

AKB considers good conduct by players, parents & coaches to be a vital part of the success of the program. Good conduct includes treating all players, coaches, referees and other parent volunteers with respect. It is also the work of all participants (volunteer coaches, referees, players, and parents) to foster an environment of good sportsmanship, fun and learning during all practices and games.

If my application includes a fee waiver request, my signature also indicates that I consent to sharing my child's eligibility for free or reduced price lunch.

Parent/Guardian name (PRINT) Parent/Guardian Signature Date

Yes, I would be happy to volunteer to help make the Atkinson Kids Basketball Program a success!

_____ (name, phone number & email) can volunteer as a

(circle all that apply) HEAD COACH ASSISTANT COACH REFEREE

OTHER SKILL/SERVICE (example: soliciting donation for awards banquet): _____

RETURN COMPLETED FORM WITH REGISTRATION FEE TO SCHOOL OFFICE BY **FRIDAY, NOV 8TH**

(Make checks payable to Atkinson PTA)

Full Registration Donation Enclosed \$ 5-20

Reduced Lunch Registration Donation= \$0-\$5. My family can pay \$ _____

Free Lunch Registration Donation = \$0-\$5. My family can pay \$ _____

Donation to AKB program. I've included an additional \$ _____ as a donation to the program.

OFFICIAL USE ONLY:

\$ _____ CHECK # _____

RECEIVED ___/___/2019 _____