



2012 MEMBERSHIP APPLICATION

Player Information

Name: _____ Birth Date: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Height: _____ Weight: _____ School: _____ GPA: _____

Playing Experiences: _____

(Last 2 years)

Parent/Guardian Information

Mother's Name : _____ Best Phone #: _____

Email: _____

Father's Name: _____ Best Phone #: _____

Email: _____

Emergency Contact: _____ **Phone #** _____

I/we know of and acknowledge that my team knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for the safety and welfare while participating in tournament. With full understanding of the risks involved, I/we release and hold harmless the Tallahassee Amateur Basketball program, its founders, directors, coaches, parents and volunteers (collectively referred to as "TAB"), of any and all responsibility and liability for any injury or claim resulting from participating in the basketball tournament with TAB and agree to take no legal action against the aforementioned parties because of any accident or mishap involving my team while attending a tournament hosted by TAB. Furthermore, I grant the released parties the right to photograph and/or videotape my Team and further use said team name, face, likeness, voice and appearance in connection with any exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

I/we have read this carefully and know it contains a release.

Date: _____

PARENT Signature _____

PLAYER Signature: _____