



Player Contact Information

Full Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *State* *ZIP Code*
City

Father's Name: _____ Cell Phone: () _____

E-mail Address: _____

Mother's Name: _____ Cell Phone: () _____

Email Address: _____

Player Attributes

School: _____ Grade: _____

GPA: _____ Birth Date: _____

Height: _____ Weight: _____

Playing Experiences: _____

Emergency Contact Information

Full Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *State* *ZIP Code*
City

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____



CONSENT AND RELEASE FROM LIABILITY CERTIFICATE

I/we know of and acknowledge that my child/ward 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 his safety and welfare while participating in athletics. 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 basketball with TAB and agree to take no legal action against the aforementioned parties because of any accident or mishap involving my child/ward while under the supervision of TAB, its founders, directors, coaches, parents or volunteers.

I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of TAB.

Furthermore, I grant the released parties the right to photograph and/or videotape my child/ward and further use said child's/ward's 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 HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE
 (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date ____/____/____
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Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date ____/____/____
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I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (player must sign)

Name of Player (printed)	Signature of Player	Date ____/____/____
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