



2011-12 Registration Form

ATTACH RECENT PLAYER PHOTO
JERSEY # :

PLEASE PRINT ALL INFORMATION

Name:	Grade:	Birthdate:
Address:		
City & Zip:	Phone:	

Parental Authorization and Medical Release

I, parent or guardian of the child whose name appears above, hereby give approval to his/her participation in the Trident Basketball Association activities as a member of the below named team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, and indemnify and agree to hold harmless the Trident Basketball Association, the organizers, sponsors, supervisors, and participants and persons transporting the child to and from activities, for any claim arising out of injury to the extent to the extent and in the amount covered by the accident and/or liability insurance held by the league.

I also grant permission to managing and/or coaching personnel or other league representatives or officials to and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major deemed necessary by duly licensed physician should the child become ill or injured while participating in league activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

A certified birth certificate or acceptable proof of age of the above named participant has been furnished to league officials or is attached. I do hereby certify all of the information on this roster to be true and correct.

I have read the Trident Basketball Association Player Eligibility Requirements & League Rules and hereby certify that all above information to be correct. I also give permission to release my child's grades as needed by the league.
_____ Parent / Legal Guardian's Signature

School Verification	
School:	
Team:	Coach:
AD Signature:	