

BLACKHAWK LITTLE COUGAR BASKETBALL - REGISTRATION FORM

PLEASE PRINT

PARENT / GUARDIAN _____ Head Coach Assistant
PARTICIPANT'S NAME _____ Bantam
ADDRESS _____ CITY _____
PHONE _____ ALTERNATE PHONE _____
E-MAIL _____
DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____
Approximate Approximate

GRADE **2** **3** **4** **5** **6** (CIRCLE ONE)

DIVISION: **BOYS** **GIRLS** (CIRCLE ONE)

SHIRT SIZE: YOUTH MED (10-12) YOUTH LARGE (14-16) ADULT SMALL
 ADULT MEDIUM ADULT LARGE ADULT XL

SPECIAL CONSIDERATIONS: _____
We will do our best to accommodate special considerations regarding availability for practice (e.g. NO WED PRACTICE AFTER 6PM – CHURCH).

Insurance Waiver

Our present insurance covers any accident or injury that our son/daughter may receive while participating in the activities of **BLACKHAWK LITTLE COUGAR BASKETBALL**. We will continue to carry this insurance or its' equivalent as long as he/she is participating in **BLCB**. We absolve the Blackhawk School District, **BLACKHAWK LITTLE COUGAR BASKETBALL** and its' volunteers of any liability related to any accident or injury our son/daughter may have while participating in **BLACKHAWK LITTLE COUGAR BASKETBALL**.

Signature of Parent/Guardian

Print Name

Date

Photo / Image Release

I grant to Blackhawk Little Cougar Basketball and its representatives the right to take photographs of my child while participating in any activities of the organization. I authorize Blackhawk Little Cougar Basketball, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Blackhawk Little Cougar Basketball may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content to promote the organization.

I have read and understand the above:

Signature of Parent/Guardian

Print Name

Date