



TUCSON roadrunners

P.O. Box 85603 • Tucson, Arizona 85754 • www.tucsonroadrunner.com

Participant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School attending: _____ Grade: _____

Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____

Parent/Guardian Information

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone: _____ Alternate: _____ Home Phone: _____

Email Address: _____ (*Must have Email address)

Do you receive text messages: ☐ Yes ☐ No

If yes, provide number? _____

Cell Phone Carrier: (i.e. Verizon, ATT, T-Mobile) _____
This is used for mass emergency messages and quick delivery of information when necessary.

Emergency Contact Information

Name: _____ Phone: _____

Uniform Information

Uniform Top Size: Jersey Number Preferences: _____
(Please provide 3)

Uniform Bottom Size:

Waiver and Release of Liability

The undersigned, as the parent and/or legal guardian of the named participant herein, acknowledges and understands that the sport of basketball is a contact sport wherein injuries may occur during the course of practices, scrimmages and games. As such, the undersigned hereby voluntarily waives and releases the Tucson RoadRunners Basketball Program, its Director, Trainer, Coaches and the applicable facility from any and all claims he/she may have for any and all injuries that the named participant herein may sustain during the course of the player's involvement and participation with the Tucson RoadRunners Basketball Program.

Parent and/or Legal Guardian Signature: _____ Date: _____

Please make checks payable to: Tucson Roadrunners Basketball Club

For Official Use Only:

Registration Fee: _____
Cash

Club Dues: _____
Credit Card

Practice Uniform: _____
Check # _____

Game Uniform: _____
Total Paid: _____



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Medical Release Form

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. I also authorize Tucson RoadRunners staff to remain with my child in such case of an emergency and for any/all medical information to be disclosed to a Tucson RoadRunners staff member.

In case of a minor, this authority is granted only after a reasonable effort has been made to reach the parent and /or guardian.

Name of participant: _____

This release will be in effect immediately upon the signing of the parent and/or guardian of the participant. This release applies only to Tucson RoadRunners Basketball Club activities. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company and policy number (indicated below) to be billed for any and all medical fees and services should they be needed and to release Tucson RoadRunners Basketball Club and its staff from this liability.

Insurance Company:

Policy Number:

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Address of Participant

Phone Number

Family Physician

Phone Number

List any specific medical allergies, chronic illness or other conditions:

Emergency Contact Person

Phone Number

Emergency Contact Address



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Media Release Form

Tucson RoadRunners personnel and members of the media may ask to interview, videotape and/or photograph student athletes of Tucson RoadRunners. Pictures, videotape, and interview content received, may be posted on the Tucson RoadRunners website, as well as other club websites.

Please indicate your agreement for your child to be photographed, interviewed or videotaped by completing the form below. This form also gives permission for such photographs, videotape and information to be posted on the Tucson RoadRunners website, as well as other club websites. Such permission, as is granted below, will remain in effect until revoked in the written document delivered to Tucson RoadRunners.

Tucson RoadRunners Release Form

☐ I hereby give permission to Tucson RoadRunners and other news media, to photograph, interview and videotape my child. It is my understanding that the photographs, video and interview information received, may be used for public viewing.

I agree to allow my child to participate in these activities, and for the resulting materials to be used, without financial remuneration and I understand that this form completely releases Tucson RoadRunners from any and all liability, claims or demands for remunerations or damages, arising from the use of said materials.

☐ I DO NOT grant permission for Tucson RoadRunners or other news media to photograph, videotape, or interview my child, or to post information on the web about my child.

Name of Child: _____

Address _____

Signature of Parent/Guardian

Date

Tucson RoadRunners Basketball Club



Player/Parent Commitment Form

- ☐ I promise to maintain passing grades.
- ☐ I am expected to attend all practices and games, unless I have notified my coach.
- ☐ I will give my undivided attention during all practices and games.
- ☐ I will give 110% of my efforts while at practices and games.
- ☐ I will ask questions if I do not understand.
- ☐ We are a TEAM and there is no "I" in team. I promise to be a TEAM player.
- ☐ I promise to practice GOOD SPORTSMANSHIP.
- ☐ I promise to be a good role model on and off the court.
- ☐ I promise to respect myself and others at all times.
- ☐ I promise to participate in at least two youth service projects per year.
- ☐ I promise to have FUN.

Parents/Guardians - We are all here for the youth. It is important as well, that you exemplify good sportsmanship at all times.

- ☐ Please check this box if you are interested in volunteering.

Parent Signature

Player Signature

Date