

TROJAN BASKETBALL CLUB

REGISTRATION FORM

Player's Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Date of Birth _____ Grade in fall 2011 _____ School _____

High School which player plans on attending _____

Parent Name _____ Home Phone _____

Cell# _____ Work# _____ Email _____

Parent Name _____ Home Phone _____

Cell# _____ Work# _____ Email _____

Alternate Emergency Contact _____ Phone # _____

Doctor _____ Doctor's Phone # _____

Current Medication(s) _____

Any Medical Limitations or Problems _____

**Insurance is not provided for this voluntary basketball activity.
Parents or guardians are expected to provide their own insurance.**

Name of Insurance Provider _____ Policy # _____

In case of an emergency, my son should be taken to the hospital (check one): Yes _____ No _____

Universal Permission and Medical Release Statement

In consideration of my child or ward participating in the Trojan Basketball Club, Inc. ("TBC") basketball program and with full knowledge of the risks of injury, such as sprains, fractures, paralysis, or even death, I, for myself, my spouse, my child or ward, and my and their heirs, administrators, successors, and assigns, hereby authorize the TBC coaches, assistant coaches, officers, directors and volunteers, along with tournament sponsors, directors, officials and volunteers, to administer emergency medical treatment to my child or ward for any injury or other medical emergency while at practice, at a game, at a tournament or while traveling to or from any of these events. This permission and consent extends the right to those enumerated above to arrange for medical treatment by a licensed or certified physician and/or other medical personnel, and for them to apply such emergency techniques which, in their judgment, they deem appropriate to treat an injury or illness sustained by my child or ward.

Release of Claims

On behalf of myself, my spouse, my above-named child or ward, and my and their heirs, administrators, successors, and assigns, I hereby waive, release, and discharge TBC and its insurers, predecessors, successors, assigns, officers, directors, employees, attorneys, agents, coaches, volunteers, members and participants from any and all claims, obligations and liabilities that may presently exist or that may exist in the future arising from any injuries to the person or property of my above-named child or ward that resulted from or related to, or that in the future may result from or relate to, his participation in any TBC activity including, but not limited to, his participation in TBC sponsored games, clinics, practices, his travel in connection with such activities, and the administration of emergency medical care as authorized in this document. I further verify that my child or ward is physically fit to enter this basketball program. I have read and fully understand the above statements.

Authorized Parent/Guardian Name (Print) _____

Authorized Parent/Guardian Signature X _____

Mail form to: Trojan Basketball Club, 2027 S. 77th St., Milwaukee, WI 53219