Pd. in full by 9/15/09: M.S. $325.00; H.S. $375.00
Pd. off by 01/01/10: M.S. $ 375.00; H.S. $425.00

C.H.A.N.T Chargers 2009-2010 Basketball Registration

Paid: Check #_____ Cash_____ OnLine PayPal_____

Player's Last Name _____ First Name _____

Player's Age As Of September 1, 2009 _____ Yrs. Player's DOB _____/_____/_____

Player's Height _____Ft. _____In. Weight _____lbs. Jersey Size _____ Shorts Size _____

Parent's or Legal Guardian's Names _____

Best Phone Number To Reach The Adult Responsible _____-_____-_____Father – Mother – Guardian
(Please Circle One Above)

Second Best Contact Number _____-_____-_____ Father – Mother – Guardian (Please Circle One)

Any Allergies Or Special Medical Conditions To Consider? _____

_____

Please Use The Area Below To Explain Any And All Previous Basketball Playing Experience.

_____

_____

Insurance?___ Yes ___ No Insurance Co. Name _____ Policy # _____

Physician Name _____ Physician Phone Number _____

Please Carefully Read The Following Paragraphs.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in this sport's activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached the CHANT Coach or a Current Board Member may choose a reputable physician.

For the safety of all parties concerned, prior to playing in any sport with the CHANT organization a CHANT Medical Liability Release Form and a completed Sports Physical need to be on file with the CHANT Organization. If CHANT does not have proof of these documents you will be asked to provide them before allowing your child to practice or play.

Please indicate that you have read and will comply fully with the above stated paragraphs by printing and signing your name below, along with today's date in the presence of a Texas State Notary. The CHANT organization and the Board Members appreciate your cooperation.

_____ _____ _____
Parent or Legal Guardian Printed Name **Parent or Legal Guardian Signature** **Date**

State of Texas
County of _____

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

_____ _____
Notary Public Signature **Today's Date**

This portion is OPTIONAL! Your signature below gives permission for CHANT to reproduce your child's image, likeness, or voice in multi-media presentations or displays for publicity purposes without compensation of any kind.

_____ _____
Parent Signature **Date**