

Middle School \$375.00 and High School \$425.00  
Discount of \$50.00 if Paid in full by 9/15/10: M.S. \$325.00 and H.S. \$375.00  
May Pay With 2 Installment Payment Plan:  
1<sup>st</sup> Payment due by 9/15/10: M.S. \$200.00 and H.S. \$225.00  
2<sup>nd</sup> Payment due by 11/01/10: M.S. \$175.00 and H.S. \$200.00

Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ On-Line PayPal \_\_\_\_\_

## C.H.A.N.T Chargers 2010-2011 Basketball Registration

PLAYER's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Player's Age As Of September 1, 2010 \_\_\_\_\_ 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 \_\_\_\_\_

As CHANT Is A Volunteer Organization We Request You To Please Check At Least One Area That You Will Help With This Season:

- Team Admin.    Coach    Assist. Coach    Team Uniform Delivery    Team Uniform Collection    Team Score Bookkeeper  
 Team Game Statistician    Game Scoreboard/Clock    Home Game Set-Up    Home Game Clean-Up    Home Game Gate Admissions  
 Home Concession Stand    Team Spirit Wear Collecting    Team Spirit Wear Delivering    Fundraiser Leadership    Fundraiser Assist.  
 Pep Rally Set-Up    Pep Rally Clean-Up    Pep Rally Décor    Banquet Décor    Banquet Set-Up    Banquet Clean-Up  
 Banquet Kitchen Leader    Banquet Kitchen Assist.    Banquet Organizer

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. The CHANT organization and the Board Members appreciate your cooperation.

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date