

\$150.00 Registration Paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Season Year \_\_\_\_\_ - \_\_\_\_\_

## C.H.A.N.T Chargers Basketball Registration

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

Player's Age As Of September 1, 2011 \_\_\_\_\_ Yrs. Player's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Player's Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. T-Shirt Size (Circle One) YL - AS - AM - AL - AXL - AXXL

Parent's or Legal Guardian's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Please use personal email addresses only.

Mother's Email \_\_\_\_\_ Mobile \_\_\_\_\_

Father's Email \_\_\_\_\_ Mobile \_\_\_\_\_

ER Adult \_\_\_\_\_ Number \_\_\_\_\_

Any Allergies Or Special Medical Conditions To Consider? \_\_\_\_\_

Health Insurance?  Yes  No Insurance Co. Name \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

Please Carefully Read The Following Paragraphs Then Sign Below.

We, as parents/legal guardians of the child-participant, give our permission for our child to fully participate 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. In the event medical treatment for my child may become necessary and we, the parent(s)/legal guardian, and our family physician cannot be contacted prior to any emergency medical treatment, we authorize a CHANT Coach or a Current Board Member to 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 prior to the first scheduled game you will be asked to provide them before your child will be allowed to play on this CHANT sport's team.

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