

2009 LANCASTER BASKETBALL

FALL BASKETBALL SCHOOL REGISTRATION FORM



___ Basketball School (\$60) September 12,19 ,26 and October 3

Name: _____ School: _____ Grd. in Sept. 2009: _____
 Birth Date: ___/___/___ Height: _____ T-Shirt: YM YL AS AM AL AXL
 Home Address: _____
 City: _____ State: OH Zip: _____
 Home Phone: () _____ - _____ Cell Phone: () _____ - _____
 Home email: _____
 Mom: _____ Work Phone: () _____ - _____ Cell: () _____ - _____
 Dad: _____ Work Phone: () _____ - _____ Cell: () _____ - _____

Make checks payable to:

LANCASTER BASKETBALL
 Lancaster High School, 1312 Granville Pike, Lancaster, OH 43130

PLEASE READ INFORMED CONSENT AND RELEASE AUTHORIZATION:

I, the parent/guardian of the child whose name appears above, hereby authorize my child to participate in the program listed above. I agree to indemnify and hold harmless the Lancaster Basketball Staff, Lancaster High School, its employees, students and volunteers from and against any and all liability for injury or damages which may result from his participation in the above mentioned activity. I also agree that the coaching staff may act as best fits the situation in case of an emergency, if efforts to contact myself or other emergency persons fail.

I HAVE READ, UNDERSTAND AND AGREE TO THE CONSENT AND RELEASE AUTHORIZATION.

PARENT SIGNATURE: _____ DATE: ___/___/___

Emergency, contact: _____ Phone: () _____ - _____

Med. Insurance. Co: _____ Policy #: _____ Exp. _____

Policy Holder's Name: _____ Hospital Phone #: _____

Primary Care Physician: _____

Dental Insurance. Co: _____ Policy #: _____ Exp. _____

Policy Holder's Name: _____ Office Phone #: _____

Dr.'s Name: _____

Any medical conditions that we should be aware of:
