

CAPE CORAL PARKS & RECREATION DEPARTMENT
HIGH SCHOOL BASKETBALL LEAGUE
REGISTRATION FORM

CHILD'S NAME: _____ TELEPHONE: _____

AGE: _____ BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____ SEX: M / F

HOME ADDRESS: _____ ZIP _____

MOTHER'S NAME: _____ WORK/CELL TELEPHONE: _____

FATHER'S NAME: _____ WORK/CELL TELEPHONE: _____

DRIVER'S LICENSE # (if paid by personal check) _____ STATE: _____

HIGH SCHOOL ATTENDING: _____ GRADE: _____

FAMILY E-MAIL ADDRESS: _____

UNIFORM SIZE: Adult Size Shirt: S M L XL XXL (circle one)

May we call an EMS, or take your child to the emergency room if a need arises? YES _____ NO _____

Serious medical condition (list) _____

Who should be contacted in the event of illness of injury, if you cannot be reached?

NAME: _____ TELEPHONE: _____

RELATIONSHIP: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, I hereby, for myself, my heir, executors and assigns do waive, release and hold the City of Cape Coral harmless from all claims or causes of action for damages suffered by me while participating in any activities, whether known or unknown, I understand that I am assuming the risk for any damage to my property which I may sustain while participating. If I should suffer any injury or illness, I authorize the employees of the City of Cape Coral, Parks & Recreation Department, to use discretion in having me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video picture or any other material related to the event for publicity, promotion or news purposes.

DATE

PARENT OR GUARDIAN'S SIGNATURE
(If under the age of 18)

I would be interested in helping the league with:

HEAD COACHING: _____

ASSISTANT COACHING: _____