



# City of Lakes Girls Basketball Association

## 2011 - 2012 Registration

### Player Information

<b>Last Name</b>	<b>First</b>	<b>Mid Initial</b>	<b>10 digit phone</b>
<b>Street</b>		<b>City</b>	<b>ZIP</b>
<b>Date of Birth</b> / /	<b>School Grade</b>	<b>School</b>	
<b>Player Health:</b> Does your child/ward have any existing medical condition and/or physical limitations that require special medical attention or player management by a coach?			<b>Yes</b> ____ <b>No</b> ____ If yes, please explain on the backside

### Parent/Guardian Information

<b>Parent/Guardian Name (1)</b>	<b>Phone</b> [if different from player's]
<b>Address</b> [if different from player's]	<b>E-mail</b>
<b>Parent/Guardian Name (2)</b>	<b>Phone</b> [if different from player's]
<b>Address</b> [if different from player's]	<b>E-mail</b>

**Participation Consent & Release/Waiver of Liability:** My child/ward has my permission to participate in the City of Lakes Girls Basketball Association (COLGBA) traveling basketball activities available to registrants for the 2011-2012 season. I understand that by signing this form I hereby discharge, release, and/or otherwise indemnify COLGBA, the coaches, affiliated organizations, and other associated personnel and volunteers against any claim on behalf of my child/ward as a result of my child/ward's attending and/or participating in COLGBA activities. I represent my child/ward is medically fit to participate in rigorous physical activity. In case of emergency, I authorize COLGBA to secure medical treatment. I understand COLGBA does not provide medical insurance. I consent to the use of my child/ward's photograph and/or likeness for promotional purposes.

**Uniform Agreement:** COLGBA provides a uniform for the season. If the uniform is not returned, I agree to pay the replacement fee of \$50.00.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Relationship to player:** \_\_\_\_\_