

# 2016-17 CENTURY YOUTH BASKETBALL REGISTRATION/WAIVER

**Please fill out the following registration/waiver form:**

Player Name:			
School Attending:			Grade:
Parent Name:			Relationship:
HM #:		Cell #:	
Address:			
E-mail:			
Parent Name:			Relationship:
HM #:		Cell #:	
Address:			
E-mail:			
Emergency Contact Name:			
Emergency Contact Number:			
Insurance Carrier:			
Coverage Number:		Phone:	
<u>List Allergies &amp; Special Medical Conditions:</u>			
<p align="center"><b>Agreement, Waiver and Release for Minor</b></p> <p>I am aware that participation in the Century youth basketball program has some inherent risks and injury can occur. I hereby authorize the directors of the Century Youth Program to act for me according to their best judgment in any emergency requiring medical attention to my son/daughter. I waive and release the Century Youth Program, its coaches, volunteers, Century High School and Hillsboro School District 1J from any and all claims for personal injury. I will be responsible for any medical or other charges in connection with his/her involvement in the program. I hereby expressly permit said minor child to travel by private automobile to activities and events related to the basketball program. I hereby give consent to allow photographs of said minor. I understand the pictures may be used by Century Basketball. I attest I am eighteen years or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. I have read this waiver and agree to the contents.</p>			
Parent (Guardian) Signature:			Date: