## Manny's Basketball Registration Form



Participate Name:	DOE	3:	Gender:
Grade: School:			
Parent's Name:	Home Phone:		
Parent's Address:			
City:Stat	e:		_Zip:
Email address:			
Mother's cell phone:	Father's cell phone:		
In case parents cannot be reached, please call:		Phone	×
Does your child have any health problems which Give details:			Yes / No
Family Physician:	Phone:		
If the above physician is not available, may we can Insurance Company:			
My child has permission to have his/her photogra Circle one: Yes / No	nph taken for promotion	al purpos	ses.
Race (Ethnicity) Check one or more boxes (for g  Caucasian African An  Native Hawaiian American I	nericanHisp		atinoAsian
I hereby release (MBA) Manny's Basketball Le their staff from any and all claims of liability participation in this league or clinic. If any atter any staff member for such care. I certify that my	of any kind of personation is required for illr	al injury ness or ir	and property damage due to njury, I give my permission to
Parent/Guardian Signature			Date
**VOLUNT Please circle one if you would like to volunteer w	TEER OPPORTUNITY ith the following: (Back		Check will be required)
*Head Coach *A	ssistant Coach	*Vol	unteer
	M WITH YOU TO R enir St., Medford, Ord		
	Office use only————		_
mount Paid:( ) Check #	(circ	le on): V	isa/MC/Disc/AX
eceived by:			