

Amateur Basketball Consulting, LLC.
Basketball Workouts, Clinics, Camps & Teams
GENERAL REGISTRATION FORM (Please Print)

Player Information

Player Name _____ DOB _____ Age _____ Grade _____

Height: _____ Weight: _____ lbs. Class of: 20 _____ Level Played Last Year _____

School _____ School District: BHSN BHSS Other _____

Skill Level (circle one): Beginner Intermediate Advanced SCHOLARSHIP: YES or NO _____% (10-50%)

Position: Guard - Point (1), Shooting (2) or Combo (1 & 2) Forward - Small (3) or Power (4) Center (5)

T-shirt Size: _____ Jersey Top Size: _____ Jersey Shorts Size: _____ Shoe Size _____

Registering for: Workouts _____ Clinic _____ Camp _____ Team _____

Parental Information

Parent(s)/Guardian(s) _____ Address _____

City, State, Zip _____ HP# _____ CP# _____

WP# _____ Email _____

Alt. Contact _____ Relation _____

Address _____ City, State, Zip _____

HP# _____ CP# _____ WP# _____

Liability Release Waiver: I know that physical activity such as basketball activities are potentially dangerous activities for my child. My child should not participate in this program unless they are medically able and properly trained. I, as the responsible party for this minor, am aware of the risk of participating in the basketball program. I assume any and all other risks associated with participating in the program including, but not limited to falls, contact with participants, coaches or assistants. I understand that I am solely responsible for my child's own safety while traveling to and from or participating in this program. I am willing to bear the responsibility and expenses for any medical expenses or other cost that might result from participating in the program under the direction of Derrick Cross and his assistants, coaches, staff, and volunteers in any all facilities. Knowing these facts and in consideration of you accepting this entry form, I hereby for my child, myself, my heirs, executors, administrators, successors or assigns release and discharge ABC, LLC., Derrick Cross, his assistants, employees, volunteers, program sponsor or contributor, as well as any facility where the program activities are conducted at, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this program. The Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen, known, or unknown.

Signature _____ Date _____

(If under 18, parent's or guardian's signature required)

- Registration is complete when
- (1) Registration Form completed & signed
 - (2) Medical Release Form completed & signed
 - (3) a copy of School Enrollment with picture, i.e., Skyward Registration or ID Card with Picture and Grade
 - (4) We receive a Copy of Player's Birth Certificate (MS & HS Players (Physical needed))
- Forms can be dropped off at practice, training or emailed as a pdf to abscoutme@gmail.com