South FL WAVES Player Registration Form

Travel Basketball Organization

Athlete Information

Player Name *

First Name Last Name

Date of Birth

Phone Number

Please enter a valid phone number.

Name of School and Grade Level

Legal Guardian / Parent Name *

First Name Last Name

Legal Guardian / Parent Name *

First Name Last Name

Address *

Street Address

Parent Home Phone *

Parent Cell Phone

E-mail *

example@example.com

Basketball skill level *

	1	2	3	4	5	
Begginer	○	○	○	○	○	Advanced

Are you registered with AAU?

- ☐ Yes
- ☐ No

What is your AAU #?

What is your uniform size?

- ☐ XS
- ☐ S
- ☐ M
- ☐ L
- ☐ XL
- ☐ XXL

What is your preferred jersey # (3 top choices- depends on availability)

Emergency Contact & Health Insurance Information

Emergency Contact's Name *

First Name Last Name

Relationship *

Please Select

Phone Number *

Do you have health or accident insurance ?

Yes No, I'll pay with cash.

Insurance Carrier

Name of Policy Holder

Subscriver ID/Group Number

Does you have any allergies, chronic illness, or medical conditions that would limit high level activtiy? *

Yes No

Please describe *

Parental Permission For Emergency Treatment

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child,

and I authorize the person in charge to take my child to:
I give consent for the facility to secure any and all necessary emergency medical care for my child.

Name of Physician / Emergency Medical Care Facility

Address

Street Address

City

State / Province

Postal / Zip Code

Phone Number

Release of Liability

Although the safety of all sport activities is the primary concern, indoor and outdoor sport activities at Sport Center's facilities and recreational parks may cause injuries and/or death. I expressly assume the risk of injury, death, and/or illness arising from any cause, and agree to waive the right to pursue any claim against SFL Waves Basketball, LLC and the persons in charge.

I have read and agree to the above conditions *

- Yes
- No

Confirmation E-mail *

example@example.com

Parent/Legal Guardian Printed Name