

# ***AZ PREMIER BASKETBALL CLUB***

## **Player Information Sheet**

### **Player Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: M/F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Medical Information**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

# ***AZ PREMIER BASKETBALL CLUB***

## **Parent/Guardian 1 Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Parent/Guardian 2 Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Emergency Contact 1**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# ***AZ PREMIER BASKETBALL CLUB***

## **Emergency Contact 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Emergency Contact 3**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# ***AZ PREMIER BASKETBALL CLUB***

## **Consent and Agreement**

I, the Parent of the above-named participant in the AZ Premier Basketball Club, hereby give my consent and agreement for my child to participate in any AZ Premier Basketball Club activities, including transporting to and from the activities. I know and understand that the participation in basketball activities may result in serious injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless AZ Premier Basketball Club, Jose Aguilera, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities from any claim arising out of injury to my child whether the result of negligence or for any other cause, except to the extent of the amount covered by accident or liability insurance. Participation in AZ Premier Basketball Club activities requires the ability to run, throw, catch. Additionally, requires the capacity to understand the rules of the game.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_