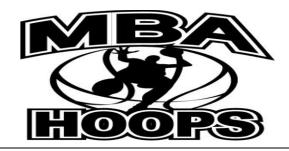
## Manny's Basketball Registration Form



Participate Name:	_Grade:	Sex:
Parent's Name:	_Home Phone:	
Parent's Address:		
City:State:		_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 require special consideration?		
Give details: Family Physician:	Phone	:
If the above physician is not available, may we call another?  Insurance Company:  Policy No.:		No
My child has permission to have his/her photograph taken for promotional purposes.  Circle one: Yes No		
Please circle if you would like to volunteer with the following:  *Head Coach *Assistant Coach *Volunteer		
Race (Ethnicity) Check one or more boxes (for grant purpose): CaucasianAfrican AmericanNative HawaiianAmerican India		atinoAsian
I hereby release (MBA) Manny's Basketball Leagues/Medford School District and their staff from any and all claims of liability of any kind of personal injury and property damage due to participation in this league or clinic. If any attention is required for illness or injury, I give my permission to any staff member for such care. I certify that my child is in good health and able to participate in all activities.		
Parent/Guardian Signature		
BRING THIS FORM WITH YOU TO REGISTER or mail to: 560 Souvenir St., Medford, Oregon 97501		
Amount Paid: ( ) Check # ( ) Cash ( ) Credit card (last 4#)		
Received by:		