

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? Yes No

Insurance Company: _____

Policy 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):

_____Caucasian _____African American _____Hispanic or Latino _____Asian

_____Native Hawaiian _____American India _____Other

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: _____ Date: _____