



Monthly MoBallin Registration

Waiver and Release of Liability

Player Name: _____ Date: _____
Birthdate: _____ Grade: _____
Player Cell Phone: _____ Player Email: _____
Father/Guardian: _____
Cell Phone: _____ Father Email: _____
Mother/Guardian: _____
Cell Phone: _____ Mother Email: _____
Doctor: _____ Phone: _____
Insurance Co: _____ Policy Member Number: _____
Insurance Co Phone Number: _____ Policy Group Number: _____
Other Friend or Relative to call instead of Parents:
Name: _____ Relationship: _____
Phone Number: _____

Does your player have any health problems we need to know about? If yes, please list and explain. If no, please put NA.

Consent for Emergency Care:

Be it known that in the event my child _____ needs medical attention and I, the parent, cannot be reached, I grant the MoBallin staff permission to make necessary decisions accordingly. I do give and grant available medical doctors or hospitals my consent and authorization to render such aid, treatment or care, in the event the above player should be injured or stricken ill during a MoBallin training session. It is understood that the insurance company for the above named player, or the parent/guardian of the player, or combination of the two, will pay for expenses incurred. Payment for the expense will not fall upon MoBallin Basketball Training or any of their staff.

Yes, I give my consent for my child to participate with MoBallin Basketball Training in trainings.

Parent Signature _____ Date _____