

Mid-Monmouth Basketball League Registration Form

Town Name _____

Division BOYS - GIRLS -

Player Information

Name _____

Address _____

Town _____ Zip _____

Mailing Address _____

Town _____ Zip _____

Telephone Number _____ Email _____

Date of Birth _____ Height _____ Weight _____

School Attending _____ Grade _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

List any medical problem or prohibition player has:

Person to notify in case of emergency: _____ Telephone number _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of the Mid-Monmouth Basketball League. Recognizing the possibility of physical injury associated with basketball and in consideration of the Mid-Monmouth Basketball league accepting the Registrant for its basketball program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Mid-Monmouth Basketball League, its officials, coaches, referees and all other persons and entities involved with the leagues operations, against any claim by or on behalf of the registrant as a Result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian _____

Signature _____ Date _____

Consent for Medical Treatment (Minor)

As the parent/guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or Doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent/Guardian _____ Date _____

Employee Disclosure Statement

First Name Middle Initial Last Name

Social Security Number

Street Address Town State and Zip Code

Driver's License Number State Expiration Date

1. Background in Youth Sports: In space below list positions and dates:

2. Previous Residence(s) for the last 5 years:

3. Have you ever been convicted of a crime? If yes, please explain:

By signing this application, I hereby verify that the information provided is true and correct.

Signature Printed Name Date