

Session Registration Form

Session Name: _____ Session Date: _____
Session Location: _____

First Name: _____ Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Height: _____ Weight: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Cell Phone 1: (____) _____ Cell Phone 2: (____) _____

Email 1: _____ Email 2: _____

Parent/Guardian: _____ Relation: _____

Parent/Guardian Employer: _____

Emergency Contact: _____ Emergency Phone: (____) _____

T-shirt Size: Y6-8 / Y10-12 / SM / MED / LRG / XLRG / 2-XLRG

Current Grade: _____ School Attending: _____

Basketball Team Name: _____ Coach Name: _____

Position: _____

Number of years playing organized basketball: _____

Skill Level: Beginner/Intermediate/Advanced

My signature below indicates that: I agree to hold SCU training program and all leaders of this session free from liability for any injuries, damages or losses unless caused by willful or intentional misconduct on the part of the leaders or staff. In the event I cannot be reached in an emergency, I hereby give permission to the physician or hospital staff selected by the SCU staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. If necessary my child may be transported in a private vehicle. My child has my permission to engage in session activities and agrees to participate fully in the features of the program and to cooperate in maintaining an atmosphere of good sportsmanship. I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of this session for the purpose of publicizing SCU programs.

Parent/Guardian Signature: _____

Amount Paid: _____ Check Number: _____ Check Date: _____

Name/Address on Check: _____



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