

**CAVALRY BASKETBALL**  
Registration Form and Releases

Participant's Name: \_\_\_\_\_

Parent or Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent's Email Address(es): \_\_\_\_\_

Participant's Height: \_\_\_\_\_ Participant's Date of Birth: \_\_\_\_\_

**LIABILITY RELEASE AND WAIVER:**

I hereby give permission for the minor participant identified above to participate in the Cavalry basketball program. I understand that basketball practice and competitions are physical activities that present a risk of physical injury to the minor participant. I further understand that Cavalry Basketball Inc., its directors, coaches, sponsors and volunteers have no responsibility and assume no responsibility for injuries which my child may suffer while participating in this program.

I hereby, for myself, my spouse, if any, our heirs and personal representatives, waive and release any and all claims for damages we may have against Cavalry Basketball Inc., its directors, coaches, sponsors, volunteers, the driver of any motor vehicle transporting the minor participants, and the agents, representatives and/or assigns of any such person, for any injury my child may suffer due to participation in this program.

I further understand that Cavalry Basketball Inc. does not carry accident insurance for the benefit of my child and agree that I will assume full responsibility for my child's medical expenses and well-being.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION AND RELEASE**

As the parent or legal guardian of the minor-child participant identified above, I do hereby give authority to the directors and coaches of the Cavalry Basketball program to obtain all necessary medical assistance for my child (identified as "Participant" above) in the event of an emergency, including the assistance of a physician and/or hospital. This authorization is granted in situations where the need for medical care is believed by Cavalry Basketball directors and/or coaches to be immediate and where a parent cannot be reached immediately at the numbers provided on the registration form.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please check any of the following medical conditions which may be applicable (describe if necessary)

_____ glasses	_____ epilepsy	_____ allergies (specify: _____)
_____ asthma	_____ hearing loss	_____ daily medications (specify: _____)
_____ diabetes		_____ other (specify: _____)